Jesse Ventura wrestles gay rights

health WATCH
NEWS & INTERVIEWS

The national gay & lesbian newsmagazine

the Advocate

May 25, 1999

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GREG LOUGANIS
THIS MAN WAS BORN GAY

ALEXANDRA BILLINGS
THIS WOMAN WAS BORN A MAN

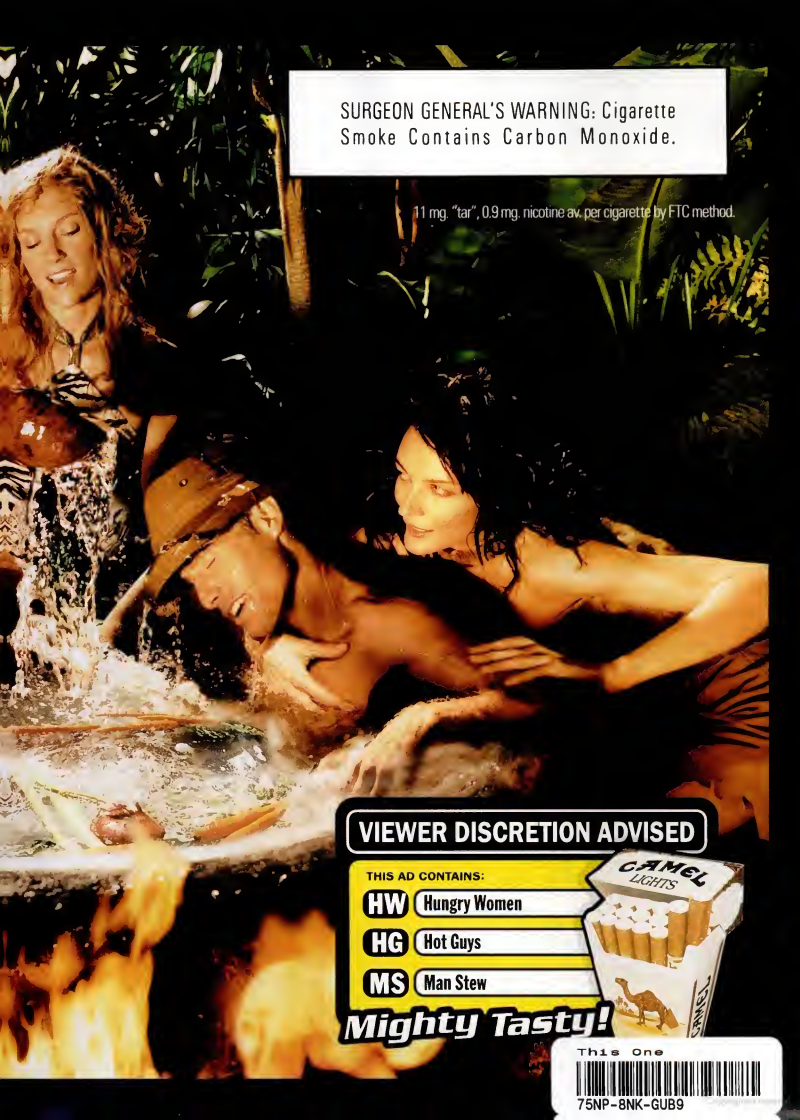
WHAT IS TRANSGENDER?

A SPECIAL ADVOCATE REPORT

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GREG GORMAN FOR THE ADVOCATE



cover story

TRANSGENDER

A SPECIAL ADVOCATE REPORT

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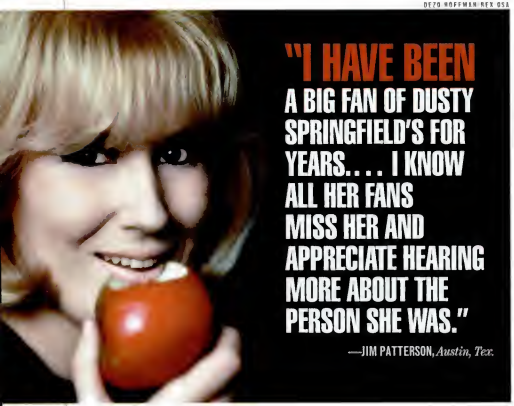
Dusty's trail

I could not believe my eyes when I picked up my copy of the April 27 *Advocate* and saw the picture of beautiful, darling Dusty ["The Secret Life of Dusty Springfield"]. During my teenage years in Buffalo, N.Y., I'd listen to icons—and Dusty was and always will be bigger than life.

Stefan Sittig, *Washington, D.C.*

I have been a big fan of Springfield's for many years. It's true that I lost track of her from about 1969 to 1985. I had some "lost years" of my own.

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that incredibly sultry, sensual voice. I'd run to New York City or Toronto for some cool bars and hot action. Even in those days there were rumors about Springfield. We dreamed of a beautiful, warm, strong, vibrant, very sexy woman who sang to each and every one of us—and only us. After missing her and wondering where she had disappeared to, I discovered her again a few years back—only to lose her suddenly. We who loved her still grieve. Your article reminded me once again how much we have lost with the passing of this woman.

Karen Moriarity, *San Francisco, Calif.*

Springfield was way ahead of her time. At least she is finally getting the recognition from our community that she has deserved for so long. You can keep your Ellen DeGenereses, k.d. langs, and Melissa Etheridges; I prefer my gay and lesbian role models to be Springfield's years in America have often been referred to as her "lost years," but your article indicates that her years here were hardly lost. She never stopped singing and recording, thank goodness, and she never stopped living and loving! I think our community has much to embrace about this woman, from her brave antiapartheid stance in the early '60s to her brave stance on her sexuality in 1970. I know all her fans miss her very much and appreciate hearing more about the person she was.

Jim Patterson, *Austin, Tex.*

Living in Liverpool in 1963, when everyone was so focused on the Beatles, Gerry and the Pacemakers, Cilla Black, and other "hetero" artists, I was one lone youth focused on what was, to me, the most electrifying artist out there: Dusty. She did so much for the music industry in England, helping Northern Soul get established, and her efforts in South Africa at the time got her "cold shouldered" by fellow artists who were in it just for the money. But we must never lose sight of the fact that she had the most incredible voice, and that's what attracted all her fans to her.

Stephen Williamson, *Dallas, Tex.*

Nyro's confession

Congratulations to Michele Kort on her wonderful article on Dusty Springfield and to B. Ruby Rich on her reminiscences about the other is-she-or-isn't-she artists [Frames of Mind, April 27]. But one quibble: Rich says the first time Laura Nyro was "named as a lesbian in print" was in her obituary. Not so. Nyro mavens have seen it at least once before, in Bob Sarlin's introduction to the 1992 revised edition of his 1973 book *Turn It Up! I Can't Hear the Words.* He says, "Laura Nyro nearly disappeared from the scene for almost a decade. She emerged as a proud lesbian whose best songs were clearly behind her." Agree or not with the critical judgment of Nyro's later work, there it is—five years before her death.

Patricia S. Rudden, *New York, N.Y.*

Hate mail

I was disappointed to find that at the end of the otherwise articulate "The State of Hate" [April 13], Brendan Lemon stoops to the same devisive behavior he is purportedly attempting to curtail. Some in Judeo-Christian circles have indeed misconstrued what was originally a gospel of unconditional love into a warped logic for hatemongering. However, to imply that gays who hold personal beliefs in these doctrines must "find a new source of spirituality" in order to "lessen homophobia" only pits us against one another. To further state that Judeo-Christian institutions "need to die" if gays are to advance only perpetuates the vicious cycle of hate between gays and religious conservatives. It is this rhetoric that alienates and enrages, leaving no room for compromise or equality.

Aaron Hartzler, *Tucson, Ariz.* ▶

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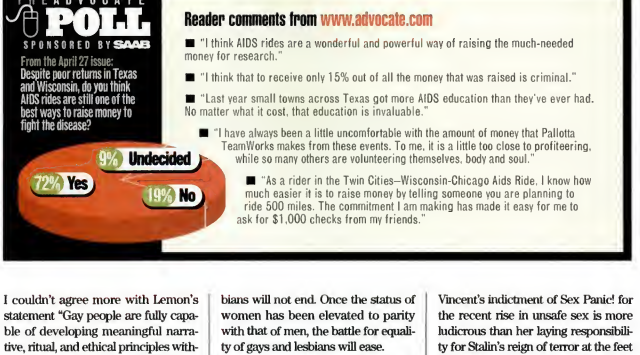
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I couldn't agree more with Lemon's statement "Gay people are fully capable of developing meaningful narrative, ritual, and ethical principles without resorting to the Judeo-Christian institutions that need to die if we are to advance." Religion is a throwback to a more primitive time of human existence. Freud called it "mass neurosis," that being mass fantasy. Fantasy itself is neither good nor evil. In fact, it is necessary for the creative process. Religion has too much primitive, destructive fantasy in it to be civilized. Yet gay people still cling to the same institution that is the source of all their pain.

Nathan White, *Naples, Fla.*

Lemon says that "just as the hatred of gay men cannot be wholly divorced from the position of men in the culture, so cannot hatred of lesbians be separated from women's overall status." I agree. However, I would also argue the opposite is as major a component: that the position of women in society cannot be separated from the status of gays. Gay men are seen as "lesser," as "effeminate," and therefore unequal to heterosexual males and more equal to women. As long as women are seen as "lesser" and not equal to men, the cycle of bias and the devaluation of women, gays, and lesbians will not end. Once the status of women has been elevated to parity with that of men, the battle for equality of gays and lesbians will ease.

Eric Wilks, *Los Angeles, Calif.*

Your statistics on hate-crime murders left out part of your readership: bisexuals. At least one bisexual has been murdered this year in a hate crime. Eric Keller (San Jose, Calif.) was murdered in January. He is just as dead as gay murder victims. Until you report all sexuality-based hate crimes, you're missing the intensity of the problem.

Wendy Curry, *Manchester, N.H.*

Sexual intercourse

Three cheers to Norah Vincent for her Last Word column [April 13]. Nothing's going to change gay teenagers' natural bent toward rebellion, but words like hers help to redirect it into saner channels. Young urban gays are inundated on every side with the idea that sex, youth, beauty, wealth, and drugs are the in thing. They should have a life-size picture in their bedroom of a formerly handsome gay man in the final stages of AIDS. It probably wouldn't stop barebacking, but it might give them pause before they think, *It can't happen to me.*

Alan Paul Curtis, *Rochester, Vt.*

Vincent's indictment of Sex Panic! for the recent rise in unsafe sex is more ludicrous than her laying responsibility for Stalin's reign of terror at the feet of Karl Marx. To my knowledge, Sex Panic! has never advocated unsafe sex, but even if it had, one would be hard-pressed to find a causal link between the very narrow audience for the group's claims and the growing rates of HIV infection among gay men, most of whom have never even heard of Sex Panic! In raging against academic queers, Vincent joins a long and infamous tradition of targeting those who would thoughtfully challenge ethical norms and charging them with corrupting the youth of Athens.

Edward Cahill, *New York, N.Y.*

For the record

Several dates in our April 27 cover story "The Secret Life of Dusty Springfield" require correction: Springfield graduated from high school in the mid '50s and performed at a benefit concert for Los Angeles's Van Ness Recovery House in 1987. The Atlantic Records promotional photo on page 57 is undated, but one fan writes that it was taken around 1973, when Springfield released *Cameo,* not circa 1980. *The Advocate* regrets the confusion.

Please keep letters brief and to the point; we reserve the right to edit all letters as deemed necessary. Letters must include the home address and phone number of the writer and should be sent to Letters to the Editor, *The Advocate,* P.O. Box 4371, Los Angeles, CA 90078; faxed to (323) 467-8805; or E-mailed to letters@advocate.com. We cannot respond to letters individually. For general information, send an E-mail to info@advocate.com with *Info* typed in the subject line of your message.

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Daughter, lesbian, Jew

"One lie is worth a thousand truths," my Italian aunt recently told me. She wasn't kidding. Lies are the stuff of great love and also of great disorientation, and families manage to generate both with remarkable dexterity.

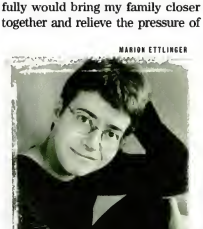
My sister and I were raised Catholic in suburban America in the '60s, unaware that we were being protected from our own identity. Our parents almost never spoke of their lives in Eastern Europe before they immigrated to the States in 1950. My sister and I clung to bits of information they dropped from time to time: My father had spent years in Soviet labor camps; my mother had escaped Poland dressed as an Italian soldier. After a remarkable string of events brought them back together, they were married by a priest in Rome ten years to the day after they had first met.

It would take me over 30 years to understand what was missing from their romantic story. My parents and aunt refused to fill in the details; implicit in their silence was a sense of both danger and unspeakable tragedy. A few years ago, while working as a lawyer in Boston, I was drawn to researching the mystery of my family's past. After a fair amount of detective work, my sister and I discovered the central missing piece: My parents and aunt were not Catholic witnesses to World War II but rather Jewish survivors of the Holocaust. Nearly all our relatives had been gassed or shot by the Nazis.

The revelation that my parents and aunt had been living in hiding, concealing their true identity for over 40 years, hit me like a locomotive. The puzzles of my childhood suddenly leaped into focus and took on new meaning. I began to understand who my parents were, and I struggled to come to terms with who I was.

I recorded this process in a book called *After Long Silence.* I also decided (having hidden my own identity from them for over a decade) to come out to my parents as a lesbian.

I had hoped that speaking truthfully would bring my family closer together and relieve the pressure of living under false pretenses. I should have known better. My parents' need to remain in hiding was as strong as my need to come out and tell the truth about my identity as a Jew and a lesbian. Today, they seem to concede that I am a lesbian, but they still reject our Jewish identity.



MARION ETTLINGER

Helen Fremont

My own path out of the closet has not been entirely smooth. When I first discovered the truth about my Jewish heritage, I found that Orthodox and Conservative Jews did not exactly embrace me as a lesbian. "Let's just put that aside," a Conservative rabbi said when I told him I was gay. "Once you reclaim your Jewish identity, you'll fall in love with a Jewish man." Judaism, he believed, would cure me of my homosexuality. At the same time, some of my gay and lesbian friends had little patience for my reluctance to come out as lesbian to my survivor parents. I was not allowed to join an organization called JLDHS—Jewish Lesbian Daughters of Holocaust Survivors, a member of the World Congress of Gay, Lesbian, and Bisexual Jewish Organizations—until 1992, when I finally learned of my Jewish identity. Only then did I find people who understood the complications of coming out to parents whose lives had been devastated by the Holocaust.

Perhaps because of my genetic capacity for denial, for the first half of my life I was remarkably adept at hiding my lesbian identity from myself. But I gradually went from dating men to dating straight women—until finally I found myself falling for another self-admitted lesbian. Two years ago my partner and I exchanged marriage vows, and today we are the proud parents of a dog and cat, who exhibit no signs of shame at living with lesbians.

I'm grateful for the examples of others who have demonstrated that self-acceptance is the first step to living one's life fully. I'm fortunate to work with highly evolved individuals who accept and support me as a lesbian and a Jew—and, more recently, as a formerly closeted writer. I now work part-time as a lawyer to support my writing habit. At the age of 41, I am finally starting to feel that I'm able to give expression to all aspects of myself—however imperfectly. It's sweet. ■

Fremont is the author of After Long Silence *(Delacorte).*

Find more on this topic at www.advocate.com

My parents' need to remain in hiding was as strong as my need to come out and tell the truth about my identity as a Jew and a lesbian.

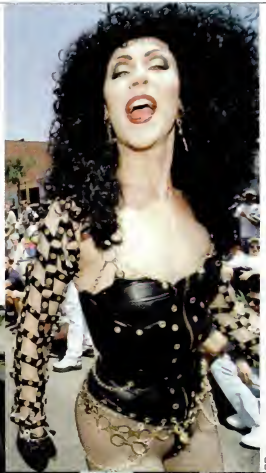
rants & raves

▼ "People immediately think of Siegfried and Roy. They just assume if someone is involved in magic that maybe they're gay."

—Claudia Schiffer, on rumors that her fiancé, magician David Copperfield, is gay, in the May issue of Detour *magazine*



AP/WIDE WORLD PHOTOS



"I'd really start to worry if there *wasn't* a Cher impersonator at the White Party!"

—Cher, commenting on reports of a Cher imposter who fooled both the press and those attending the Palm Springs event on Easter weekend, in Liz Smith's syndicated column April 12

A Cher look-alike at the 1997 Los Angeles pride parade

CHER: AFP; DUKE: METRONOME COLLECTION/ARCHIVE PHOTOS

► "Lou Sheldon is an idiot. Everything that he said is a lie and is just wrong."

—Lesbian assemblywoman Sheila Kuehl of California, in response to the Traditional Values Coalition leader's comment that Kuehl's proposed bill prohibiting discrimination against gay students, AB222, should be called AB666, as reported in the April 8 Sacramento Bee



AP/WIDE WORLD PHOTOS



▲ "I don't know for a fact—I didn't watch them. I just presumed as much. So did the cats [in the band]. One told me he walked in on them one time. I never pressed the issue. It seemed like a given."

—Mercer Ellington, on whether his father, Duke Ellington (pictured above, left), ever slept with longtime collaborator Billy Strayhorn, in the May issue of Vanity Fair

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AP WIDE WORLD PHOTOS



Matt Drudge

MEDIA

Bad Drudge-ment

Internet maven was too quick to suggest Colorado killers were gay

If anyone needed evidence that the Internet can spread false rumors quickly, the massacre at Columbine High School in Littleton, Colo., provided it. Within hours of the start of the April 20 shooting, gossipmaster Matt Drudge fed the rumor mills by posting an item on his Web site that suggested the two student shooters were gay. As proof, Drudge cited two postings that he pulled off the Web. One was an America Online profile purportedly posted by one of the killers that listed his marital status as "ToSsInG My bItCh QuEeN's SalAd" and included "BoYeEeeeEeeEEEEEEsss" on a list of occupations. Drudge's second piece of Internet evidence was a message by "Queen Jeff" that said the shootings were the work of "a bunch of our fellow homosexuals…[who] had taken enough crap from the straight community that had been abusing them and have decided to take matters into their own hands."

There was just one problem with Drudge's breathless—some would say inflammatory—speculation about Eric Harris and Dylan Klebold, the two youths who killed themselves after murdering 13 others: None of it was true. The two postings that Drudge relied on were bogus, posted as hoaxes after the shootings began. Drudge, who won mainstream attention by leaking *Newsweek*'s first story about Monica Lewinsky, said he did "nothing" to verify the information. "I just pulled it off AOL with my own eyes." Unbowed, Drudge returned to the gay angle of the story the next day.

Although Harris and Klebold were called "gay" by some students, the two were apparently straight. But interviews with their peers showed that "gay" is still an all-purpose slur used against anyone who is different. For students who are gay, the abuse can be devastating. "It can drive you to the point of insanity," one gay teen from Littleton told *Salon* magazine. "I hope that the one thing people learn out of this whole thing is to stop teasing people."

Meanwhile, Drudge apparently found the ideal audience for his gossip. The Rev. Fred Phelps, the Topeka, Kan., minister best known for picketing the funerals of gay people, considered picketing the April 25 memorial vigil in Littleton. His reason: The media had ignored the gay roots of the massacre.

Shepard suspect may get a preview of prison | Page 14



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The Nation

PEOPLE

The fandom menace: Waiting 600 hours for *Star Wars*

He was only 5 when the first *Star Wars* hit the big screen, but Chance Whitmire said the blockbuster hit him with quite a force. "I identified with Luke Skywalker," he said. "I grew up on a farm in Oklahoma, and I always wanted to get out."

Now out, openly gay, and living in Studio City, Calif., Whitmire, 26, has been waiting in line since April 16 outside Hollywood's Mann's Chinese Theater to buy tickets for *Star Wars: Episode 1—The Phantom Menace.* More than 15,000 people are expected to join him in line by the time the film opens May 19.

Whitmire, who discounted rumors that C-3PO is gay—"He's just a 'droid"—is one of 5,000 fans in 78 cities attempting to raise $100,000 for the charity the Starlight Children's Foundation based on the number of hours they spend in line. In all, he expects to spend 600 hours camping out for tickets.

"I've never been camping in my life," he said, "and my first time is on Hollywood Boulevard."

CRAIG EDWARDS



Gay fans like Chance Whitmire—here on his tenth day in line for tickets—can't wait for the new *Star Wars.*

MURDER

Was being a flirt Shepard's fatal flaw?

Dion Custis, defense attorney for Matthew Shepard slaying suspect Aaron McKinney, said Shepard's homosexuality will likely be a focus of McKinney's trial, set to begin August 9. "If they're saying [Shepard] was kidnapped from this bar, any information concerning his background, leaving with other males, getting involved in similar situations…is particularly relevant," Custis said.

REUTERS



Murder suspect Aaron McKinney

Meanwhile, in a move that certainly seems to hint at a lack of optimism in this defense strategy, Custis asked to tour and videotape what could end up being McKinney's home for the rest of his life: the Wyoming state penitentiary in Rawlins. McKinney is currently in the Albany County jail in Laramie, Wyo.

Grass Roots

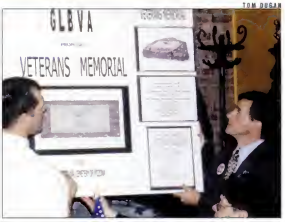
Don't ask, don't tell, don't forget

Members of the Phoenix chapter of the Gay, Lesbian, and Bisexual Veterans of America unveiled plans for a memorial April 16 honoring gay and lesbian veterans.

The "rainbow-colored" granite memorial, which reads, "In Memory of All Veterans Who Served With Courage and Pride," will be placed at the National Memorial Cemetery of Arizona in 2000. So far the group has raised $1,500 of the $5,000 it needs to cover the cost of the memorial and its placement.

Miriam Ben-Shalom, a lesbian veteran who was the first openly gay member of the U.S. military to win reinstatement and the right to reenlist, told those attending the banquet for the unveiling that they were "a roomful of heroes" who chose to honorably serve a nation "that did not love you as much as you loved it." —*Bobbi Dugan*

TOM DUGAN



Members of the Phoenix chapter of the Gay, Lesbian, and Bisexual Veterans of American unveil plans for a memorial.


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RED KAMEL ORIGINALS: 16 mg. "tar", 1.2 mg. nicotine av. per cigarette by FTC method.
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Cigarettes
T.N.T.
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

Washington

POLITICS

HRC makes nice in the Big Apple





Donna Red Wing helped to explain HRC's endorsement policy after the fallout from the group's backing of Alfonse D'Amato.

In an attempt to bolster its relationship with grassroots gay and lesbian activists, the Human Rights Campaign held a roundtable April 14 in New York City about the direction of HRC, the country's largest gay political organization.

The primary source of contention has been HRC's endorsement of Sen. Alfonse D'Amato (R-N.Y.) in his unsuccessful reelection campaign against Rep. Charles Schumer (D-N.Y.) in the November 1998 general election. Critics of the endorsement said D'Amato, who has supported gay rights, was ultimately beholden to the antigay GOP leadership. While serving in the House, Schumer was considered to be a more consistently loyal ally of gay men and lesbians.

"People are still very angry about the D'Amato endorsement," said Bill Dobbs, a New York activist who attended the session. "The event showed that the wounds are still deep and that they are not likely to close anytime soon."

At the meeting HRC announced an "enhanced endorsement process" designed to allow more outside input in its decision making. "We wanted to meet people eyeball to eyeball and allow them to vent all their concerns in a supportive environment," said Donna Red Wing, HRC's national field director. "We want to improve our communication with activists across the country."

D'AMATO: REUTERS; RED WING: CLINT STEIR/THE WASHINGTON BLADE

CONGRESS

AIDS and audits

AIDS service groups, watch your backs. Three influential antigay GOP House members have asked the U.S. General Accounting Office to audit nearly $9 billion in federal AIDS expenditures.

"Over the past five years I have encountered too many instances where federal AIDS/HIV funds have been misused," said Rep. Tom Coburn (R-Okla.), who made the April 20 written request along with commerce committee chairman Tom Bliley (R-Va.) and majority leader Dick Armey (R-Tex.), who once referred to gay representative Barney Frank (D-Mass.) as Barney "Fag."

Advocates for people with AIDS reacted angrily to the letter. "This call for an audit by Congress's leading opponents of a fair and effective national fight is nothing less than a politically motivated attempt to raise doubts about the fight against AIDS and the community-based service organizations leading the fight," said Daniel Zingale, executive director of AIDS Action, a Washington, D.C.–based advocacy group that represents 3,200 AIDS organizations.

The World

UNITED KINGDOM

Parliament won't consent to 16

The House of Lords refused April 14 to lower the sexual age of consent for gay men and lesbians from 18 to 16. Members of the unelected chamber voted 222–146 to effectively kill government legislation to make the age of consent for homosexuals the same as it is for heterosexuals. Lady Janet Young, who led the opposition, said lowering the age of consent to 16 would lead to further reductions in coming years. "This bill is just one more nail in the coffin of family life," she said. This is the second time the lords have rejected the change, which was overwhelmingly supported by the House of Commons—the more powerful chamber of Britain's Parliament—in March. But the lords can't permanently obstruct the bill.

Labor officials said they would probably invoke the little-used Parliament Act—created to ensure that the will of the country's elected lawmakers prevails—to enact the measure.



Protests can't change the House of Lords' thinking about lowering the gay age of consent.

REUTERS


"a real gem...DeLaria is wonderful" - Stephen Holden, NEW YORK TIMES
"the wisest, most thoughtful American film about queer youth to come along in ages...erotically charged"
- Ernest Hardy, LA WEEKLY
"a classic gay coming-of-age story told with the utmost perception, sensitivity and humor"
- Kevin Thomas, LOS ANGELES TIMES
"a quintessential 80's film"
-Anthony Perrin, XY MAGAZINE
strand releasing presents
edge of SEVENTEEN
It's the summer of '84 and Eric's about to fall in love... with Rod.
Strand Releasing presents
A Blue Streak Film
Edge of Seventeen
Chris Stafford Tina Hermel Ingemen Gabrych
Stephanie McVay and Lea DeLaria as Angie
Music by Tom Bailey
Music Supervision Gerry Gennaro
Costumes by Ane Crabtree
Production Designer Ivor Shiff
Edited by Tal Ben-David
Director of Photography Gina DeGirolamo
Produced by David Moreton and Todd Stephens
Written by Todd Stephens
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Health & Science

AIDS FUNDING

Politics and pilfering

Controversy over alleged embezzlement from an AIDS organization spilled into Al Gore's presidential campaign in mid April when the vice president selected Puerto Rico governor Pedro Rossello to head his 2000 campaign in the U.S. territory. Rossello has been identified as a recipient of federal AIDS money stolen from the San Juan AIDS Institute.

Rossello's name came up in the trial of three administrators accused of diverting about $2.2 million from the now-defunct institute to buy political favors and line their own pockets.

AP/WIDE WORLD PHOTOS



Puerto Rico governor Pedro Rossello

The Gore campaign stood by Rossello in his denial of any link to the scandal. Said Roger Salazar, a Gore campaign officer: "We've discussed this with the governor's people, and we believe him." —*Lisa Neff*

CANCER

Bone marrow transplants questioned

Bone marrow transplants, which can recharge an immune system ravaged by cancer, may do no good for patients with advanced breast cancer, scientists said April 15.

The American Society of Clinical Oncology study looked at five trials of women with advanced breast cancer. Four showed that transplants with bone marrow or with the specialized cells found in bone marrow did not work any better than standard chemotherapy. The organization estimates that more than 12,000 breast cancer patients in the United States have had bone marrow transplants since the mid 1980s.

FPS



New hope

Pharmacist Sandy Fishman of Jersey City, N.J., counts capsules of the AIDS drug Agenerase, which on April 16 became the fifth protease inhibitor approved by the U.S. Food and Drug Administration.

Far Right

Robertson's bank deal bounces

Gay rights groups have taken aim at a partnership between Christian fundamentalist Pat Robertson and the Bank of Scotland. The protesters' goal is to shoot holes in a deal to create a new U.S. direct-banking subsidiary.

OutRage! a direct-action group, protested the venture at London's Daily Mail Ideal Home Exhibition in April. Eight demonstrators carrying signs reading BANK OF SCOTLAND IN BED WITH AMERICAN FASCIST warned that Robertson may use his profits from the bank to fund right-wing political efforts.

Meanwhile, 46 members of British Parliament have signed a declaration against the venture, Scottish churches have said they might close their bank accounts, and an Edinburgh group, drawn into the controversy over Robertson's view on feminist issues, has launched a campaign to scrawl the message A FRIEND FOR BIGOTS on circulating Bank of Scotland notes.

UPI



Pat Robertson

Robertson, in a *Wall Street Journal* interview, expressed dismay. Recalling an easily reached agreement with a British company in 1993, he said, "In those days I didn't seem to get beat up by all the homosexuals." —*L.N.*

Transitions

DIED: Ellen Corby, 87, actress who played the grandmother on the 1970s TV series *The Waltons,* April 16. Corby is survived by her friend of 45 years, Stella Luchetta.

ANNOUNCED: South African high court judge **Edwin Cameron** that he has AIDS, April 20.

APPOINTED: The Rev. Gregory Dell, the Methodist minister in Chicago who was suspended for performing a same-sex union ceremony, as director of In All Things Charity, a group dedicated to lifting the church's ban on such unions, April 20.

OVERTURNED: New Hampshire's ban on adoptions by gay men and lesbians, by the state senate, 18-6, on April 22. Gov. Jeanne Shaheen is expected to sign the repeal.

In HIV/AIDS

MARINOL® stimulates appetite

Maintaining a healthy appetite helps you get the nutrients you need to stay healthy. If you start to lose appetite, and weight, it can be a sign that your overall condition is deteriorating. In clinical trials of AIDS patients, MARINOL®:

- Has shown sustained long-term improvement in appetite[1,2]
- May help decrease nausea[1,2]

MARINOL® is also reimbursable under many health insurance plans.

If appetite loss associated with weight loss has you missing meals, ask your doctor if MARINOL® is right for you.

MARINOL® can cause side effects in some patients including dizziness, confusion, sleepiness, paranoid reactions, or a feeling of being "high" (easy laughing, elation, and heightened awareness). Many of these reactions disappear within 1 to 3 days of continuous dosage or can be eliminated by lowering the dose.

You should not drive, operate machinery, or engage in any hazardous activity until it is established that you are able to tolerate MARINOL® and perform such tasks safely.



MARINOL® (dronabinol*) capsules 2.5 mg

Rediscover the Joy of Eating

Visit us @ www.Marinol.com

*The USAN name for delta-9-tetrahydrocannabinol (THC).
MARINOL is a registered trademark of Unimed Pharmaceuticals, Inc.
Please see Brief Summary of Full Prescribing Information on adjacent page.

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ROXANE LABORATORIES, INC.
MARINOL® (dronabinol) **(Rx)**
Capsules

Brief Summary on Marinol® (dronabinol) Capsules.
Before prescribing, see complete prescribing information.

INDICATIONS AND USAGE

Marinol (dronabinol) is indicated for the treatment of:
1. anorexia associated with weight loss in patients with AIDS; and
2. nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

CONTRAINDICATIONS

Marinol (dronabinol) is contraindicated in any patient who has a history of hypersensitivity to any cannabinoid or sesame oil.

WARNINGS

Marinol (dronabinol) is a medication with a potential for abuse. Physicians and pharmacists should use the same care in prescribing and accounting for Marinol as they would with morphine or other drugs controlled under Schedule II (CII) of the Controlled Substances Act. Because of the risk of diversion, it is recommended that prescriptions be limited to the amount necessary for the period between clinic visits.

Patients receiving treatment with Marinol should be specifically warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such tasks safely.

PRECAUTIONS

General: The risk/benefit ratio of Marinol (dronabinol) use should be carefully evaluated in patients with the following medical conditions because of individual variation in response and tolerance to the effects of Marinol.

Marinol should be used with caution in patients with cardiac disorders because of occasional hypotension, possible hypertension, syncope, or tachycardia (see CLINICAL PHARMACOLOGY).

Marinol should be used with caution in patients with a history of substance abuse, including alcohol abuse or dependence, because they may be more prone to abuse Marinol as well. Multiple substance abuse is common and marijuana, which contains the same active compound, is a frequently abused substance

Marinol should be used with caution and careful psychiatric monitoring in patients with mania, depression, or schizophrenia because Marinol may exacerbate these illnesses.

Marinol should be used with caution in patients receiving concomitant therapy with sedatives, hypnotics or other psychoactive drugs because of the individual variation in response and the potential for additive or synergistic CNS effects.

Marinol should be used with caution in pregnant patients, nursing mothers, or pediatric patients because it has not been studied in these patient populations.

Marinol should be used with caution in the treatment of anorexia and weight loss in elderly patients with AIDS because they may be more sensitive to the psychoactive effects and because its use in these patients has not been studied.

Information for Patients: Patients receiving treatment with Marinol (dronabinol) should be alerted to the potential for additive central nervous system depression if Marinol is used concomitantly with alcohol or other CNS depressants such as benzodiazepines and barbiturates.

Patients receiving treatment with Marinol should be specifically warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such tasks safely.

Patients using Marinol should be advised of possible changes in mood and other adverse behavioral effects of the drug so as to avoid panic in the event of such manifestations. Patients should remain under the supervision of a responsible adult during initial use of Marinol and following dosage adjustments.

Drug Interactions: In studies involving patients with AIDS and/or cancer, Marinol (dronabinol) has been coadministered with a variety of medications (e.g., cytotoxic agents, anti-infective agents, sedatives, or opioid analgesics) without resulting in any clinically significant drug/drug interactions. Although no drug/drug interactions were discovered during the clinical trials of Marinol, cannabinoids may interact with other medications through both metabolic and pharmacodynamic mechanisms. Dronabinol is highly protein bound to plasma proteins, and therefore, might displace other protein-bound drugs. Although this displacement has not been confirmed *in vivo*, practitioners should monitor patients for a change in dosage requirements when administering dronabinol to patients receiving other highly protein-bound drugs. Published reports of drug/drug interactions involving cannabinoids are summarized in the following table.

CONCOMITANT DRUG	CLINICAL EFFECT(S)
Amphetamines, cocaine, other sympathomimetic agents	Additive hypertension, tachycardia, possibly cardiotoxicity
Atropine, scopolamine, antihistamines, other anticholinergic agents	Additive or super-additive tachycardia, drowsiness
Amitriptyline, amoxapine, desipramine, other tricyclic antidepressants	Additive tachycardia, hyperfension, drowsiness
Barbiturates, benzodiazepines, ethanol, lithium, opioids, buspirone, antihistimmines, muscle relaxants, other CNS depressants	Additive drowsiness and CNS depression
Disulfiram	A reversible hypomanic reaction was reported in a 28 y/o man who smoked marijuana; confirmed by dechallenge and rechallenge
Fluoxetine	A 21 y/o female with depression and bulimia receiving 20 mg/day fluoxetine X 4 wks became hypomanic after smoking marijuana; symptoms resolved after 4 days
Antipyrine, barbiturates	Decreased clearance of these agents, presumably via competitive inhibition of metabolism
Theophylline	Increased theophylline metabolism reported with smoking of marijuana, effect similar to that following smoking tobacco

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenicity studies have not been performed with dronabinol. Mutagenicity testing of dronabinol was negative in an Ames test. In a long-term study (77 days) in rats, oral administration of dronabinol at doses of 30 to 150 mg/m², equivalent to 0.6 to 1.5 times maximum recommended human dose (MRHD) of 360 mg/m² day in cancer patients or 2 to 10 times MRHD of 15 mg/m²/day in AIDS patients, reduced ventral prostate, seminal vesicle and epididymal weights and caused a decrease in seminal fluid volume. Decreases in spermatogenesis, number of developing germ cells, and number of Leydig cells in the testis were also observed. However, sperm count, mating success and testosterone levels were not affected. The significance of these animal findings in humans is not known.

Pregnancy: Pregnancy Category C. Reproduction studies with dronabinol have been performed in mice at 15 to 450 mg/m², equivalent to 0.2 to 5 times maximum recommended human dose (MRHD) of 90 mg/m²/day in cancer patients or 1 to 30 times MRHD of 15 mg/m²/day in AIDS patients, and in rats at 74 to 295 mg/m² (equivalent to 0.8 to 3 times MRHD of 90 mg/m² in cancer patients or 5 to 20 times MRHD of 15 mg/m²/day in AIDS patients). These studies have revealed no evidence of teratogenicity due to dronabinol. At these dosages in mice and rats, dronabinol decreased maternal weight gain and number of viable pups and increased fetal mortality and early resorptions. Such effects were dose dependent and less apparent at lower doses which produced less maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Dronabinol should be used only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Use of Marinol is not recommended in nursing mothers since, in addition to the secretion of HIV virus in breast milk, dronabinol is concentrated in and secreted in human breast milk and is absorbed by the nursing baby.

ADVERSE REACTIONS

Adverse experiences information summarized in the tables below was derived from well-controlled clinical trials conducted in the US and US territories involving 474 patients exposed to Marinol (dronabinol). Studies of AIDS-related weight loss included 157 patients receiving dronabinol at a dose of 2.5 mg twice daily and 67 receiving placebo. Studies of different durations were combined by considering the first occurrence of events during the first 28 days. Studies of nausea and vomiting related to cancer chemotherapy included 317 patients receiving dronabinol and 68 receiving placebo.

A cannabinoid dose-related "high" (easy laughing, elation and heightened awareness) has been reported by patients receiving Marinol in both the antiemetic (24%) and the lower dose appetite stimulant clinical trials (8%) (see CLINICAL TRIALS).

The most frequently reported adverse experiences in patients with AIDS during placebo-controlled clinical trials involved the CNS and were reported by 33% of patients receiving Marinol. About 25% of patients reported a minor CNS adverse event during the first 2 weeks and about 4% reported such an event each week for the next 6 weeks thereafter.

PROBABLY CAUSALLY RELATED: Incidence greater than 1%.

Rates derived from clinical trials in AIDS-related anorexia (N=157) and chemotherapy-related nausea (N=317). Rates were generally higher in the anti-emetic use (given in parentheses).

Body as a whole: Asthenia.
Cardiovascular: Palpitations, tachycardia, vasodilation/facial flush.
Digestive: Abdominal pain*, nausea*, vomiting*.
Nervous system (Amnesia), anxiety/nervousness, (ataxia), confusion, depersonalization, dizziness*, euphoria*, (hallucinations), paranoid reaction*, somnolence*, thinking abnormal*.

* Incidence of events 3% to 10%

PROBABLY CAUSALLY RELATED: Incidence less than 1%.

Event rates derived from clinical trials in AIDS-related anorexia (N=157) and chemotherapy-related nausea (N=317).
Cardiovascular: Conjunctivitis*, hypotension*.
Digestive: Diarrhea*, fecal incontinence.
Musculoskeletal: Myalgias.
Nervous system: Depression, nightmares, speech difficulties, tinnitus.
Skin and Appendages: Flushing*.
Special senses: Vision difficulties.

* Incidence of events 0.3% to 1%.

CAUSAL RELATIONSHIP UNKNOWN: Incidence less than 1%.

The clinical significance of the association of these events with Marinol treatment is unknown, but they are reported as alerting information for the clinician.

Body as a whole: Chills, headache, malaise.
Digestive: Anorexia, hepatic enzyme elevation.
Respiratory: Cough, rhinitis, sinusitis.
Skin and Appendages: Sweating.

DRUG ABUSE AND DEPENDENCE

Marinol (dronabinol) is one of the psychoactive compounds present in cannabis, and is abusable and controlled Schedule II (CII) under the Controlled Substances Act. Both psychological and physiological dependence have been noted in healthy individuals receiving dronabinol, but addiction is uncommon and has only been seen after prolonged high dose administration.

Chronic abuse of cannabis has been associated with decrements in motivation, cognition, judgement, and perception. The etiology of these impairments is unknown, but may be associated with the complex process of addiction rather than an isolated effect of the drug. No such decrements in psychological, social or neurological status have been associated with the administration of Marinol for therapeutic purposes.

In an open-label study in patients with AIDS who received Marinol for up to five months, no abuse, diversion or systematic change in personality or social functioning were observed despite the inclusion of a substantial number of patients with a past history of drug abuse.

An abstinence syndrome has been reported after the abrupt discontinuation of dronabinol in volunteers receiving dosages of 210 mg/day for 12 to 16 consecutive days. Within 12 hours after discontinuation, these volunteers manifested symptoms such as irritability, insomnia, and restlessness. By approximately 24 hours post-dronabinol discontinuation, withdrawal symptoms intensified to include "hot flashes", sweating, rhinorrhea, loose stools, hiccoughs and anorexia.

These withdrawal symptoms gradually dissipated over the next 48 hours. Electroencephalographic changes consistent with the effects of drug withdrawal (hypersecretion) were recorded in patients after abrupt dechallenge. Patients also complained of disturbed sleep for several weeks after discontinuing therapy with high dosages of dronabinol.

OVERDOSAGE

Signs and symptoms following MILD Marinol (dronabinol) intoxication include drowsiness, euphoria, heightened sensory awareness, altered time perception, reddened conjunctiva, dry mouth and tachycardia. following MODERATE intoxication include memory impairment, depersonalization, mood alteration, urinary retention, and reduced bowel motility; and following SEVERE intoxication include decreased motor coordination, lethargy, slurred speech, and postural hypotension. Cardiovascular patients may experience panic reactions and seizures may occur in patients with existing seizure disorders.

The estimated lethal human dose of intravenous dronabinol is 30 mg/kg (2100 mg/70kg). Significant CNS symptoms and antiemetic studies followed oral doses of 0.4 mg/kg (28 mg/70 kg) of Marinol.

Management: A potentially serious oral ingestion, if recent, should be managed with gut decontamination. In unconscious patients with a secure airway, instill activated charcoal (30 to 100 g in adults, 1 to 2 g/kg in infants) via a nasogastric tube. A saline cathartic or sorbitol may be added to the first dose of activated charcoal. Patients experiencing depressive, hallucinatory or psychotic reactions should be placed in a quiet area and offered reassurance. Benzodiazepines (5 to 10 mg diazepam po) may be used for treatment of extreme agitation. Hypotension usually responds to Trendelenburg position and IV fluids. Pressors are rarely required

DOSAGE AND ADMINISTRATION

Appetite stimulation: Initially, 2.5 mg Marinol (dronabinol) should be administered orally twice daily (b.i.d.) before lunch and supper. For patients unable to tolerate this 5 mg/day dosage of Marinol, the dosage can be reduced to 2.5 mg/day, administered as a single dose in the evening or at bedtime. If clinically indicated and in the absence of significant adverse effects, the dosage may be gradually increased to a maximum of 20 mg/day Marinol, administered in divided oral doses. Caution should be exercised in escalating the dosage of Marinol because of the increased frequency of dose-related adverse experiences at higher dosages (see PRECAUTIONS).

Antiemetic: Marinol is best administered at an initial dose of 5 mg/m², given 1 to 3 hours prior to the administration of chemotherapy, then every 2 to 4 hours after chemotherapy is given, for a total of 4 to 6 doses/day. Should the 5 mg/m² dose prove to be ineffective, and in the absence of significant side effects, the dose may be escalated by 2.5 mg/m² increments to a maximum of 15 mg/m² per dose. Caution should be exercised in dose escalation, however, as the incidence of disturbing psychiatric symptoms increases significantly at maximum dose (see PRECAUTIONS).

SAFETY AND HANDLING

Marinol (dronabinol) should be packaged in a well-closed container and stored in a cool environment between 8° and 15°C (46° and 59°F). Protect from freezing. No particular hazard to health care workers handling the capsules has been identified.

Access to abusable drugs such as Marinol presents an occupational hazard for addiction in the health care industry. Routine procedures for handling controlled substances developed to protect the public may not be adequate to protect health care workers. Implementation of more effective accounting procedures and measures to appropriately restrict access to drugs of this class may minimize the risk of self-administration by health care providers.

HOW SUPPLIED

MARINOL® CAPSULES (dronabinol solution in sesame oil in soft gelatin capsules)
2.5 mg white capsules (identified RL).
NDC 0054-2601-11: Bottles of 25 capsules.
NDC 0054-2601-21: Bottles of 60 capsules.
NDC 0054-2601-25: Bottles of 100 capsules.
5 mg dark brown capsules (identified RL).
NDC 0054-2602-11: Bottles of 25 capsules.
NDC 0054-2602-25: Bottles of 100 capsules.
10 mg orange capsules (identified RL).
NDC 0054-2603-11: Bottles of 25 capsules
NDC 0054-2603-21: Bottles of 60 capsules.

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Manufactured by Banner Pharmacaps, Inc., Chatsworth CA 91311

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References: 1. Beal JE, Olson R, Lefkowitz L, et al: *J Pain Symptom Manage* 1997;14(1):7-14. 2. Beal JE, Olson R, Laubenstein L, et al: *J Pain Symptom Manage* 1995;10(2):89-97.

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RX-2255CA (2/99)

Digital Queeries

These URLs can be found at www.advocate.com

Is he...?

It's a guessing game we've all played: Who among our favorite politicians, poets, stars, and starlets can we count as family? Stop guessing and test your gaydar at the World Famous Forgotten Lovers, Whores and Other Strangers site. http://www.geocities.com/WestHollywood/Heights/8255/famousguy.html

Information on-ramp



Fortunately, the Web is not lacking when it comes to information about lesbians and gay men. But even with all these resources, it's sometimes tough to find what you're looking for. May we suggest the Norman Institute's site? This nonprofit educational organization focusing on gay, lesbian, bisexual, and transgender issues brings to the Internet a one-stop shop for most of your gay information needs, including a bookstore; its own online 'zine, *Authentic*; links to other gay and lesbian groups; and a calendar of events across the nation. http://www.normaninstitute.org

—Compiled by Eric Haeberli.
Send tips and URLs to queeries@advocate.com

>> HOT WEB SITE



MEN WHO AREN'T AFRAID to call themselves "smart horny naked guys" just don't get together enough anymore, do they? Now they can gather at Brains: The Website of Egghead Sexuality. This site, which features insightful essays, fiction, and photography, is the perfect place for those who like to stimulate their minds as well as their bodies.
http://www.eggheads.net

From the Archives of The Advocate

August 23, 1994: Trans visibility

Five years ago transgender activist Riki Anne Wilchins told *Advocate* reporter John Gallagher, "It was our Stonewall this year. For transsexuals, 1994 is 1969."

That indeed appeared to be the case. Activists had fought for recognition of transgendered people at that year's Stonewall 25 celebration and had persuaded Gay Games organizers to let athletes participate in whatever gender category they declared.

But even these gains caused friction. Lesbian activist Ann Northrup explained to Gallagher why some gay people felt threatened by this new visibility: "Conservatives want a homogenous image and are afraid to embrace the transgender community because they think that's going to screw up our ability to gain civil rights." Gallagher noted that it was not just conservatives excluding the transgendered population. The Michigan Womyn's Music Festival had barred transgendered women. In response, activists were planning Camp Trans, a celebration of all types of women.

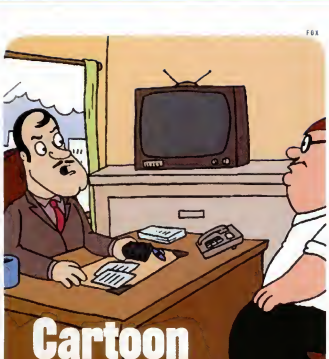

"For transsexuals 1994 is 1969"

Commenting on the tension, Dallas Denny, executive director of the American Educational Gender Information Service said, "[Religious right groups] don't distinguish between us. We have to come together to work for the common good."

—Don Romesburg

the Buzz

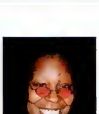
FOX



Cartoon gaiety

Carlos Alazraqui, the voice of Taco Bell's hot chihuahua, also spouts off in Fox TV's new animated hit *Family Guy*—as the *Family* gay. He plays fastidious Latin American Mr. Weed, boss man to the title character, toy-factory cog Peter Griffin. The "crush-prone" Weed has so far "only hinted" at his orientation, Alazraqui says, but the hints drop hard: In the pilot Weed somehow wound up with the detached penis from Michelangelo's *David* and lovingly named it Eduardo. Such irreverence—and stereotyping—"will probably offend some people," says Gary Janetti, a consulting *Guy* producer who's out, but he promises Weed will "explore his sexuality more fully." Indeed, in the May 2 episode he dallies with a "buffed" employee. And seeing that *The Simpsons* and *Family Guy* are back-to-back Sunday nights, might Weed develop a tie-in crush on that other honcho, Mr. Burns? "That could be fun to play off," Janetti says. Tell that to Smithers.

COURTESY GLAAD



Whoopi



Roseanne

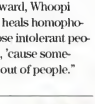
Roseanne and Whoopi rock the house at L.A. GLAAD Awards

The inimitable Roseanne sent some advice to gay bashers at the annual GLAAD Media Awards, held April 17 at the Century Plaza Hotel in Los Angeles: "Rest assured if you hear this in your head—*They must die!*—that is a message from Satan, OK, not from God! You stupid, dysfunctional, nasty, secret-keeping, shaved-head mother****ers!"

Later, accepting the Vanguard Award, Whoopi Goldberg argued that only patience heals homophobia: "We must not become [like] those intolerant people." Although, she added, "it's hard, 'cause sometimes you just want to slap the s*** out of people."

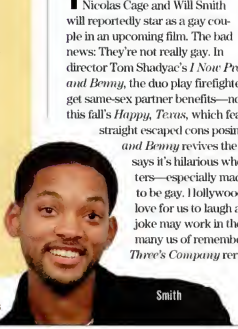
NEWSMAKERS

I, Nicolas Cage, take thee, Will Smith



Cage

The good news: Macho stars Nicolas Cage and Will Smith will reportedly star as a gay couple in an upcoming film. The bad news: They're not really gay. In director Tom Shadyac's *I Now Pronounce You Joe and Bernie*, the duo play firefighters who "marry" to get same-sex partner benefits—not love. Along with this fall's *Happy, Texas*, which features a pair of straight escaped cons posing as gay lovers, *Joe and Bernie* revives the comedy cliché that says it's hilarious when straight characters—especially macho men—pretend to be gay. Hollywood would probably love for us to laugh along, but while the joke may work in the short run, too many us of remember how unfunny *Three's Company* reruns are.



Smith

AP/WIDE WORLD PHOTOS



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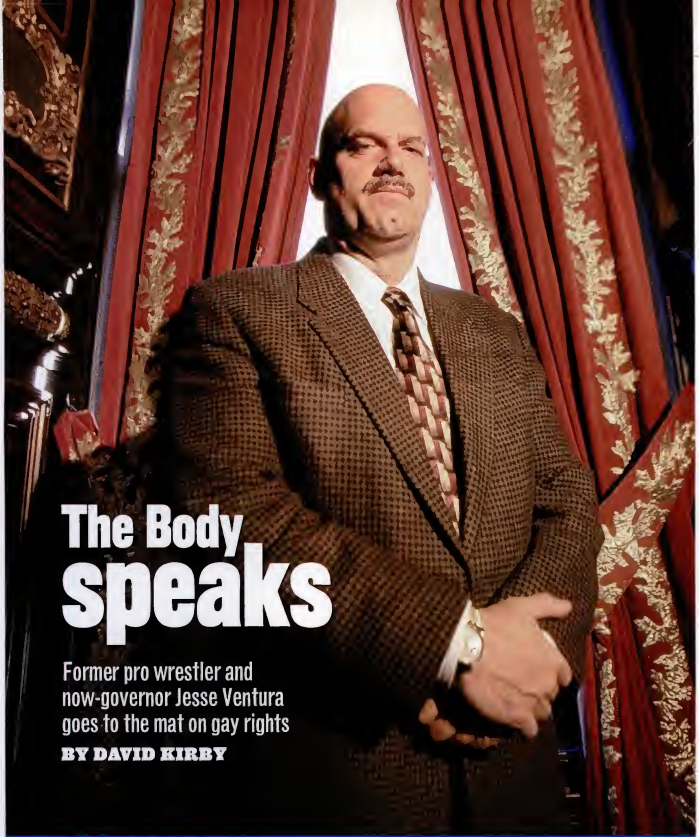
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The Body speaks

Former pro wrestler and now-governor Jesse Ventura goes to the mat on gay rights

BY DAVID KIRBY

POLITICS

MARK PETERSON/SABA

If political pundits were surprised in November when Democrats picked up five House seats, they were downright shocked by the victory of Jesse "The Body" Ventura—Reform Party candidate and former heavyweight pro wrestling champion—in the race for governor of Minnesota. A straight-talking macho man and former Navy SEAL, Ventura was the darling of fraternity boys, construction men, and other stereotypically red-blooded males. But with his libertarian views, belief in social tolerance, and friendships with gay men, Governor Ventura has turned out to be somewhat of a gay ally, even if some of his views put him squarely opposite most gays and lesbians. In a March interview with *The Advocate*, Ventura spoke about everything from hate-crimes legislation to gays in the military.

Could you give some idea of your views on gays and lesbians in general and how you came to formulate those views? ▶

MARK PETERSON/SABA



"I'VE HAD GAY FRIENDS THROUGHOUT MY LIFE AND HAVE ENJOYED THEIR FRIENDSHIP VERY MUCH. AND I CAME TO REALIZE THAT EVERYONE IS HUMAN AND THAT

SEXUAL ORIENTATION REALLY HAS NOTHING TO DO WITH ANYTHING."

It's really quite simple. I believe everyone's a human being and should be treated with the dignity accorded to every human being. If we could simply do that, we'd solve many problems. I've had gay friends throughout my life and have enjoyed their friendship very much. And I came to realize that everyone is human and that sexual orientation really has nothing to do with anything. Knowing gay people definitely prevents homophobia. Friends are friends. I had two gay friends in the world of wrestling that were together 41 years. Unfortunately, one of them passed on. But when one was ill, the other was never allowed to be by his bed in the hospital. That was very inhumane. It's why in my campaign I had the quote "Love is bigger than government."

Isn't the wrestling world you came from somewhat homophobic?
Not at all. In fact, it's very much heterophobic. We used to have what we called "ring rats," female fans.

So the wrestlers didn't like having women chase after them?
They were like groupies, and they wouldn't leave us alone.

Did you reach out to gays and lesbians in your campaign? How active were they?
I don't know. To me it was never a prerequisite. We reached out to anyone and everyone who wanted to take part in the upset of the world. It was just a case of people hearing my position, and whether they took part or not was their decision, not mine. We didn't do outreach to any groups at all. Our campaign was based on no groups at all, only individuals.

What are the biggest obstacles gay Americans face today?
Being treated as equals. If we could achieve that, that in itself would be a victory. I don't care what people do in the privacy of their own home. It's none of my business, and it should be none of government's business. We want to get government out of people's private lives. My rule of governing is that government should be there to help you to do whatever it is you can't do yourself.

As a libertarian, do you believe in legal protections for gay men and lesbians, or do you think laws don't necessarily mandate equality?
There should be laws to provide equality. Hopefully, our constitution should do that. But there are times for whatever reason that it doesn't seem to totally prevail. So laws are needed to make sure people are treated equally. Minnesota bans discrimination based on sexual orientation, and I support that.

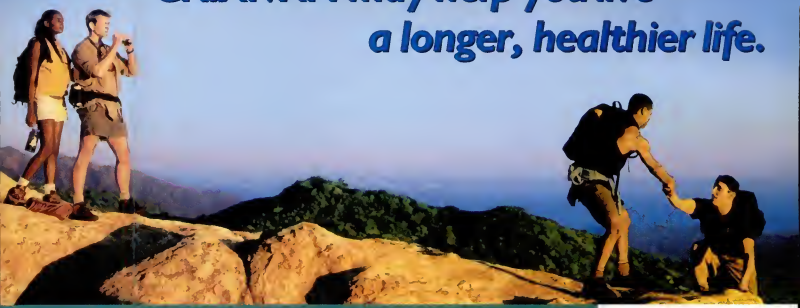
What are the positions of the Reform Party vis-à-vis equal rights laws for gays?
I would think it's not even in the party platform. What I love about the Reform Party is that it allows you to be you, much more than the other parties do. They don't make you adapt to what they think you should believe. We have both pro-life and pro-choice members because we don't believe it's a political issue. It's a personal issue. It's whatever one person believes in.

Why should gays be interested in the Reform Party?
We offer equality. The Reform Party doesn't go into personal issues to my knowledge at all. We stick to government policies. Whatever a person's private life, it doesn't matter at all.

What are your views on domestic partnerships?
I have no problem with them. But I think "partnership" is a good name for it. I looked up the definition of marriage in the dictionary, and it says "between a man and a woman," so until they change the dictionary, I think domestic partnership is a good name. Minnesota doesn't provide for domestic partnerships. But if gays and lesbians wanted to make the commitment under law, I wouldn't oppose it. But ▶

If you're HIV+...

CRIXIVAN may help you live a longer, healthier life.



CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce the chance of illnesses and death associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 T-cell count. Some patients may not experience these effects. CRIXIVAN is not a cure for HIV or AIDS.

- **NIH research showed people taking CRIXIVAN in triple therapy lived longer and experienced fewer opportunistic infections.**

 Recent year-long research conducted by the National Institutes of Health (Protocol ACTG 320) studied over 1,000 patients and confirmed results from another study. The group of patients receiving CRIXIVAN along with 3TC and AZT achieved a reduction in deaths and AIDS-defining illnesses over those taking 3TC and AZT alone. This reduction was significant enough for the NIH to recommend the study be stopped, so that all participants could benefit from the findings. Because the study was ended early, there was insufficient data to determine the statistical impact of CRIXIVAN on survival.

- **CRIXIVAN in triple therapy continues to hold serum viral load down below the limit of detection at the one year mark.**

 In a separate, ongoing landmark study, over 90% of the 31 patients receiving CRIXIVAN, AZT, and 3TC reduced their HIV serum viral load below the limit of detection after 24 weeks (as measured by available tests; the virus may still be present in other organ systems). Importantly, the limited number of patients who chose to stay with the study for longer periods of time maintained these results through the one year mark.

- **CRIXIVAN is generally well tolerated.**

 CRIXIVAN can be taken with a light meal or on an empty stomach. There are side effects associated with protease inhibitors in general and CRIXIVAN in particular. Some patients treated with CRIXIVAN may develop kidney stones. For some, this can lead to more severe kidney problems including kidney failure. Drinking at least 6 glasses of water each day may help reduce the chance of forming a kidney stone. Other side effects reported include rapid breakdown of red blood cells and liver problems. There are some common medications and AIDS-related medications you should not take with CRIXIVAN. As with other protease inhibitors, severe muscle pain and weakness have occurred in patients also taking cholesterol lowering medicines called "statins". Discuss all medications you are taking or plan to take with your doctor. Additionally, as with other protease inhibitors, increased bleeding in some patients with hemophilia and increased blood sugar levels or diabetes have been reported. Please read the following page for detailed information on side effects and dosing.

Please read the following page for more detailed information about CRIXIVAN.

Remember to ask your doctor about CRIXIVAN.

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Please read this information before you start taking CRIXIVAN. Also, you should read the information included with CRIXIVAN each time you receive your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss CRIXIVAN when you start taking your medication and at regular checkups. You should remain under a doctor's care when using CRIXIVAN and should not change or stop treatment without first talking with your doctor.

What is CRIXIVAN?

CRIXIVAN is an oral capsule used for the treatment of HIV (Human immunodeficiency Virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome). CRIXIVAN is a type of HIV drug called a protease (PRO-tee-ase) inhibitor.

How does CRIXIVAN work?

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce your chances of getting illnesses associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. CRIXIVAN may not have these effects in all patients.

CRIXIVAN is usually prescribed with other anti-HIV drugs such as ZDV (also called AZT), 3TC, ddI, ddC, or d4T. CRIXIVAN works differently from these other anti-HIV drugs. Talk with your doctor about how you should take CRIXIVAN.

CRIXIVAN has been studied in adults. The safety and effectiveness of CRIXIVAN in children and adolescents have not been established.

How should I take CRIXIVAN?

There are six important things you must do to help you benefit from CRIXIVAN:

1. **Take CRIXIVAN capsules every day as prescribed by your doctor.** Continue taking CRIXIVAN unless your doctor tells you to stop. Take the exact amount of CRIXIVAN that your doctor tells you to take, right from the very start. To help make sure you will benefit from CRIXIVAN, you must not skip doses or take "drug holidays." If you don't take CRIXIVAN as prescribed, the activity of CRIXIVAN may be reduced due to resistance.
2. **Take CRIXIVAN capsules every 8 hours around the clock, every day.** It may be easier to remember to take CRIXIVAN if you take it at the same time every day. If you have questions about when to take CRIXIVAN, your doctor or health care provider can help you decide what schedule works for you.
3. **If you miss a dose by more than 2 hours, wait and then take the next dose at the regularly scheduled time.** However, if you miss a dose by less than 2 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of CRIXIVAN at any one time.
4. **Take CRIXIVAN with water.** You can also take CRIXIVAN with other beverages such as skim or non-fat milk, juice, coffee, or tea.
5. **Ideally, take each dose of CRIXIVAN without food but with water at least one hour before or two hours after a meal.** Or you can take CRIXIVAN with a light meal. Examples of light meals include:
 - dry toast with jelly, juice, and coffee (with skim or non-fat milk and sugar if you want)
 - corn flakes with skim or non-fat milk and sugar

 Do not take CRIXIVAN at the same time as any meals that are high in calories, fat, and protein (for example — a bacon and egg breakfast). When taken at the same time as CRIXIVAN, these foods can interfere with CRIXIVAN being absorbed into your bloodstream and may lessen its effect.
6. **It is critical that you drink at least six 8-ounce glasses of liquid (preferably water) throughout the day, every day. CRIXIVAN can cause kidney stones.** Having enough fluids in your body should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Does CRIXIVAN cure HIV or AIDS?

CRIXIVAN is not a cure for HIV or AIDS. People taking CRIXIVAN may still develop infections or other conditions associated with HIV. Because of this, it is very important for you to remain under the care of a doctor. Although CRIXIVAN is not a cure for HIV or AIDS, CRIXIVAN can help reduce your chances of getting illnesses, including death, associated with HIV. CRIXIVAN may not have these effects in all patients.

Does CRIXIVAN reduce the risk of passing HIV to others?

CRIXIVAN has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take CRIXIVAN?

Do not take CRIXIVAN if you have had a serious allergic reaction to CRIXIVAN or any of its components.

What other medical problems or conditions should I discuss with my doctor?

Talk to your doctor if:

- You are pregnant or if you become pregnant while you are taking CRIXIVAN. We do not yet know how CRIXIVAN affects pregnant women or their developing babies.
- You are breast-feeding. You should stop breast-feeding if you are taking CRIXIVAN.

Also talk to your doctor if you have:

- Problems with your liver, especially if you have mild or moderate liver disease caused by cirrhosis.
- Problems with your kidneys.
- Diabetes
- Hemophilia
- High cholesterol and you are taking cholesterol-lowering medicines called "statins."

Tell your doctor about any medicines you are taking or plan to take, including non-prescription medicines.

Can CRIXIVAN be taken with other medications?**

Drugs you should not take with CRIXIVAN:

SELDANE® (terfenadine)	HISMANAL® (astemizole)
VERSED® (midazolam)	HALCION® (triazolam)
PROPULSID® (cisapride)	Ergot medications (e.g., Wigraine® and Cafergot®)

Taking CRIXIVAN with the above medications could result in serious or life-threatening problems (such as irregular heartbeat or excessive sleepiness).

In addition, you should not take CRIXIVAN with rifampin, known as RIFADIN®, RIFAMATE®, RIFATER®, or RIMACTANE®.

Drugs you can take with CRIXIVAN include:

RETROVIR® (zidovudine, ZDV also called AZT)	BIAXIN® (clarithromycin)
TAGAMET® (cimetidine)	isoniazid (INH)
DIFLUCAN® (fluconazole)	ORTHO-NOVUM 1/35® (oral contraceptive)
EPIVIR™ (lamivudine, 3TC)	ZERIT® (stavudine, d4T)
BACTRIM™/SEPTRA® (trimethoprim/sulfamethoxazole)	

VIDEX® (didanosine, ddI) — If you take CRIXIVAN with VIDEX®, take them at least one hour apart.

MYCOBUTIN® (rifabutin) — If you take CRIXIVAN with MYCOBUTIN®, your doctor may adjust both the dose of MYCOBUTIN and the dose of CRIXIVAN.

NIZORAL® (ketoconazole) — If you take CRIXIVAN with NIZORAL®, your doctor may adjust the dose of CRIXIVAN.

Talk to your doctor about any medications you are taking.

What are the possible side effects of CRIXIVAN?

Like all prescription drugs, CRIXIVAN can cause side effects. The following is **not** a complete list of side effects reported with CRIXIVAN when taken either alone or with other anti-HIV drugs. Do not rely on this page alone for information about side effects. Your doctor can discuss with you a more complete list of side effects.

Some patients treated with CRIXIVAN developed kidney stones. In some of these patients this led to more severe kidney problems, including kidney failure or inflammation of the kidneys. Drinking at least six 8-ounce glasses of liquid (preferably water) each day should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Some patients treated with CRIXIVAN have had rapid breakdown of red blood cells (hemolytic anemia) which in some cases was severe or resulted in death.

Some patients treated with CRIXIVAN have had liver problems including liver failure and death. Some patients had other illnesses or were taking other drugs. It is uncertain if CRIXIVAN caused these liver problems.

Diabetes and high blood sugar (hyperglycemia) have occurred in patients taking protease inhibitors. In some of these patients, this led to ketoacidosis, a serious condition caused by poorly controlled blood sugar. Some patients had diabetes before starting protease inhibitors, others did not. Some patients required adjustments to their diabetes medication. Others needed new diabetes medication.

In some patients with hemophilia, increased bleeding has been reported.

Severe muscle pain and weakness have occurred in patients taking protease inhibitors, including CRIXIVAN, together with some of the cholesterol-lowering medicines called "statins." Call your doctor if you develop severe muscle pain or weakness.

Clinical Studies

Increases in bilirubin (one laboratory test of liver function) have been reported in approximately 10% of patients. Usually, this finding has not been associated with liver problems. However, on rare occasions, a person may develop yellowing of the skin and/or eyes.

Side effects occurring in 2% or more of patients included: abdominal pain, fatigue or weakness, flank pain, feeling unwell, nausea, diarrhea, vomiting, acid regurgitation, loss of appetite, dry mouth, back pain, headache, trouble sleeping, dizziness, taste changes, rash, upper respiratory infection, dry skin, and sore throat.

Swollen kidneys due to blocked urine flow occurred rarely.

Marketing Experience

Other side effects reported since CRIXIVAN has been marketed include: allergic reactions; severe skin reactions; abdominal swelling; inflammation of the kidneys; inflammation of the pancreas; increased fat appearing in areas such as the neck, breasts, abdomen, and back; change in skin color; hair loss; ingrown toenails with or without infection; crystals in the urine; and numbness of the mouth.

Tell your doctor promptly about these or any other unusual symptoms. If the condition persists or worsens, seek medical attention.

How should I store CRIXIVAN capsules?

- Keep CRIXIVAN capsules in the bottle they came in and at room temperature (59°F-86°F).
- Keep CRIXIVAN capsules dry by leaving the small desiccant "pillow" in the bottle. Keep the bottle closed.



This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep CRIXIVAN and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.

This provides a summary of information about CRIXIVAN. If you have any questions or concerns about either CRIXIVAN or HIV, talk to your doctor.

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I haven't considered doing this yet. I hate to say it, but I've got a lot more pressing things, and it hasn't been brought to my attention until now.

What are your views on hate-crimes laws?
Minnesota has them, although I oppose them. I believe that crime is crime and labeling something a hate crime is politically nice and correct. But I believe strongly in simply prosecuting whatever that crime is. I think we start sliding down a very slippery slope if we start trying to determine the mental state of someone who commits a crime.

What about motivation?
To me, the motivation is irrelevant. If the crime is murder, it's murder. Why someone is motivated to commit murder, it doesn't really enter into what the crime is and what the prosecution should be. Whether they kill you to take your money or because they hate your sexual orientation, the end result is still murder.

Do you support the death penalty?
I used to until I became governor, because I wouldn't want that burden put on my shoulders. I wouldn't want to have to make the choice of whether one lives or dies. Fortunately, we don't have the death penalty in Minnesota. Government shouldn't have the right to take a life. But life in prison should be life, without parole.

Do you have an opinion on gays in the military?
Who am I to tell someone they can or cannot serve their country? We are all members of this great United States of America. I couldn't care less what a person's sexual orientation is, and I'm an ex-Navy SEAL. All I care is that the guy next to me can get the job done. I'd get rid of "don't ask, don't tell." In my day gay men in the military would've been a blessing. When I got to Subic Bay [in the Philippines], where there were 350 bars and 10,000 girls, there would've been less competition.

How would you assess the social environment for gays in your state?
I think, in general, it's fine. Naturally, you're always going to have bigots. You can't legislate what people think and do. But in general we're pretty fair up here.

What is your reaction to figures such as Trent Lott or Reggie White, who said homosexuality is a sin and a disease?
All the people I know that are gay and all scientific indicators seem to indicate very strongly that you are born that way, and I accept that and believe that science will prove me out. But others certainly have their beliefs, and it's not my job to criticize. We just differ in our opinions. But when people like Trent and Reggie take a position that you make a choice, I always ask, "Well, when did you make yours? When did you choose to be hetero?" It really throws them off.

What is your position on names reporting and partner notification for HIV?
Minnesota requires both, and I agree. Our job is to protect public health, and people have the right to know. People with HIV have the right not to tell their partners, I guess. But their partners have the right to know if they had sexual contact with someone with HIV.

There's been talk about governors being more in touch with the people than politicians in Washington. Do you agree?
My main fight with Washington is getting states' rights back. I don't like the idea that Washington seems to be draining the powers from individual states to make their own decisions about lifestyles and things like that. One of the attractive things about our country is that if you live in one particular state that maybe doesn't fit your mode of thinking, you can choose from 49 others. And if the federal government starts taking this power from us, well, then where do you go? Like states that approve medical marijuana but the federal government overrules it. I disagree with that.

What about a federal gay rights bill?
Again, I think it should be left up to the individual states. If you are a gay person in a state that doesn't provide for your rights, well, hopefully, there are other states that will.

As a national figure, have you spoken publicly about issues concerning gays and lesbians?
No. I speak out when I'm asked, that's all. As if I need to get in any more trouble speaking out. I'm always in trouble. But I will say I do believe in equal rights for everybody. If we all practiced that, we wouldn't have to speak out. It may sound very simple, but if we all did that, we'd be in great shape.

"WHO AM I TO TELL SOMEONE THEY CAN OR CANNOT SERVE THEIR COUNTRY? I COULDN'T CARE LESS WHAT A PERSON'S SEXUAL ORIENTATION IS. ALL I CARE IS THAT THE GUY NEXT TO ME CAN GET THE JOB DONE."

What's next for Jesse Ventura on the national stage?
I don't know. I'm already polling 25% for president, and I don't even want to run. It's amazing. It tells me I could win. I think the atmosphere is right out there. When I started running for governor, I was only polling 10%. But I don't think I'll run in 2000. Did you ever notice how the president, when he is elected, is virile and young? Then four years later he's aged 20 years. I don't want that. I want to stay as young and good-looking as I am. ■

Kirby is a regular contributor to The New York Times.

Find more on this topic at www.advocate.com



POLITICS

His brother's keeper

Maryland governor Parris Glendening pushed for a gay rights bill in memory of his gay brother

BY CHRIS BULL

When Parris Glendening lost his brother Bruce to AIDS in 1992, he vowed that Bruce's suffering would not be in vain. At the time, Glendening was a little-known local politician in Prince George's County, a Maryland suburb of Washington, D.C. But two years after his younger brother's death, Glendening was elected governor of the strongly Democratic state and began methodically mapping out plans for passage of the state's gay rights bill.

The 1999 version of the legislation was defeated April 12—the last day of the legislative session—by a small but determined group of conservative lawmakers. But no one could accuse Glendening of acting faintheartedly on its behalf. The second-term governor mounted an extraordinarily personal campaign on behalf of gay rights the likes of which few states have ever seen. He testified before the Maryland house judiciary committee, the only time during his five years in office he had done so. For weeks Glendening repeated his brother's tragic story in one-on-one sessions with lawmakers. When the bill was held up in a state senate committee after winning approval in the lower chamber, Glendening termed its opponents "mean-spirited," "hateful," and "divisive" and threatened to slash state funding for their pet projects.

In an interview with *The Advocate*, Glendening, who was reelected in November, said he had resolved to undertake a particularly aggressive gay rights campaign during his January swearing-in ceremony. "I regretted terribly that Bruce was not around to be with me at my last inaugural," he says. "So I vowed that this time we would make it a real fight. We ought to enter the next millennium thinking about what kind of society we want. We are a diverse—I believe, wonderfully diverse—country. We ought to work to pull people together again."

Bruce Glendening's story is sadly familiar to gay men and lesbians. Growing up in Broward County, Fla., he joined the Air Force and trained as a communications specialist, eventually serving three tours of duty in Vietnam. In the 1970s he served in the elite crew aboard Strategic Air Command bombers. Throughout his distinguished military career, he hid his sexual orientation. It was not until he tested HIV-positive in the late 1980s and left the military that his family learned he was gay.

"As is often the case with these things, our conversations about his personal life were not very explicit," Glendening says. "I realized he was gay, and he realized I realized it. Every so often he would introduce me to someone who was his good friend. Unfortunately, the most honest conversations did not come until he lay dying."

Glendening says his brother suffered under the military ban on gay service personnel. "I remember visiting him once in Nebraska at the Air Command," he recalls. "He showed me around, and I could tell he was so proud of what he was doing. When he became ill we talked about many things for the first time. The thing that is strongest in my mind is that he said it was more difficult to live his entire military career hiding his sexual orientation than it was to die from AIDS. That's saying a lot because he was in ▶


ABSOLUT CITRON.

so much pain that if you touched his skin, he would cry out. After his death, that stayed with me—knowing that he lived much of his life in fear. We should never ask anyone to live that way."

Opponents of the bill, which would have outlawed discrimination based on sexual orientation and gender identity in housing, employment, and public accommodations, trotted out familiar arguments. Some said it placed an onus on small businesses; others charged it amounted to "special rights" for a "lifestyle choice." At least one legislator complained that the measure "would have forced schools to hire cross-dressers and militant homosexuals."

"The four counties I represent don't want the governor to ram this gay rights bill down our throats," declared state senator Richard Colburn, a Republican from Dorchester, Md. "We want to be left alone."

"I find these wild arguments outrageous," replies Glendening, who signed a sexual orientation nondiscrimination ordinance while serving as county executive in Prince George's County. "I can tell you that Western civilization did not collapse when the Prince George's bill passed. It just meant that people like Bruce didn't live in so much fear of saying who they are."

From the governor's description of those opposed to his bill, the empathy that fuels his gay rights activism becomes clear. Explaining the hundreds of letters and phone calls he received about his support for gay rights, he says, "The hatred that was just dripping from some of the letters almost makes me pained for the writers. I'm convinced that if you spend your life worrying about what's going on in someone else's bedroom, then you are not secure about what's going on in your own bedroom."

In advocating for the legislation, Glendening said he was also moved by the slayings of Matthew Shepard, the gay University of Wyoming student, and James Byrd Jr., a black man in rural Texas. "When I read about that young man who was left to die, I felt terrible," he says. "In a lot of ways it was like the Oklahoma City bombing. In this society we have people who do violence for the craziest reasons. Leaders have a moral responsibility to stand up and say that violence is not acceptable for any reason."

Glendening also had a political motive. According to polls, lesbian and gay voters overwhelmingly backed Glendening over his Republican opponent, Ellen Sauerbrey, in November's election. Glendening, who won by a comfortable ten-point margin after a relentless neck-and-neck campaign, was fulfilling a promise to an important Democratic constituency. (Maryland would have become the 11th state to adopt gay rights legislation.)

"It's probably safe to say gay voters provided the margin of victory," says Liz Seaton, executive director of the Free State Justice Campaign, a statewide gay rights group based in Takoma Park, Md. "We asked him to really make this a priority this year, but it didn't take a lot of arguing. He could see that this was the first year when we had the grassroots strength to back him up. And because of Bruce, he took this very, very seriously. A lot of people in the state say they have never seen him so motivated on a legislative matter."

Despite Glendening's obvious ardor for gay rights, there is at least one chink in his support for gay equality that even the most intimate connection cannot overcome. Asked if he approves of legalizing same-sex marriage, he responds, "I believe that marriage is between a man and a woman." Asked if his brother should have been denied the right to marry, he pauses, sighs, and then repeats himself: "I believe marriage is between a man and a woman." Responds Seaton: "Same-sex marriage at the moment is less important to us than antidiscrimination and hate-crimes legislation. If in ten years he still holds that view, it would bother me. Today, it's just an issue that hasn't come of age."

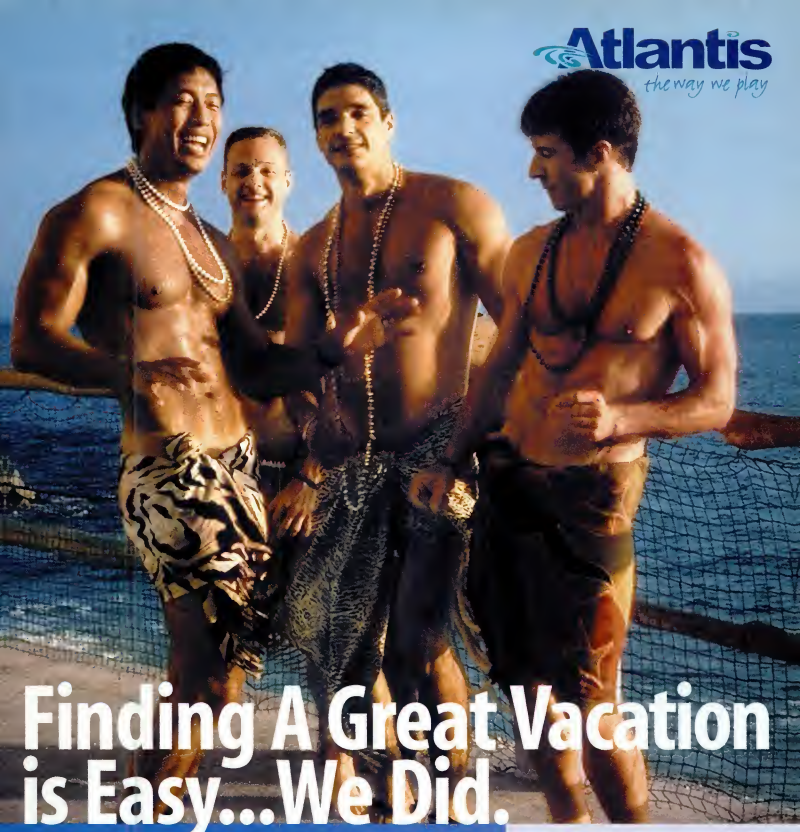
Among the letters of support Glendening received during his lobbying for the bill was a handwritten note from President Clinton. Last summer Glendening made headlines for being among the first prominent Democrats to criticize Clinton for his role in the Monica Lewinsky sex scandal. Because of his support for the rights bill, however, the president had apparently forgiven the governor. "The last line of the president's note said, 'Your brother would have been proud of you,'" Glendening reports. "That was a very kind thing for the president to say." As Maryland's gay men and lesbians look toward the bill's reintroduction next year, that's a sentiment many of them are likely to share. ■

RICHARD TOMLINSON



Glendening testifies before the legislature for the gay rights bill.

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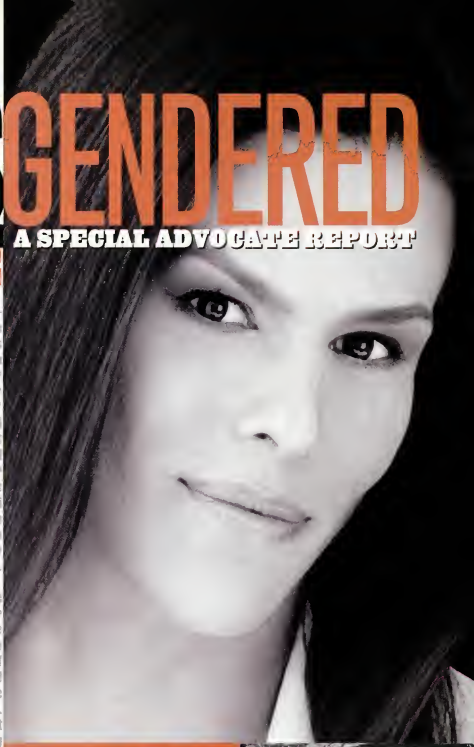
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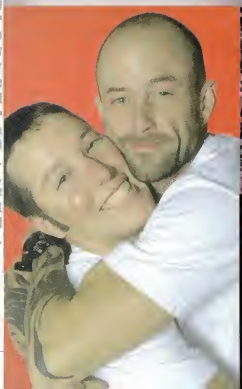
A SPECIAL ADVOCATE REPORT

SEXUAL ORIENTATION AND GENDER ORIENTATION

The debate about whether—and where—the transgender movement fits into the gay movement raises as many emotions as it does questions. Are the two movements separate? Do transgender activists represent a political liability for gays trying to appear more mainstream? Or are we most effective when we all work together? Even *The Advocate* has not been immune to the emotional turmoil surrounding this issue: We have had our share of criticism from activists and organizations, both gay and transgender, wondering why the magazine excludes transgendered people by identifying itself only as the national gay and lesbian newsmagazine.

Many gays and lesbians have little understanding of the transgender movement and what it means to be transgendered. The stories that follow show, through in-depth reports of personal experience and political struggle, just what it means to be transgendered in America today. Two of the features provide eloquent testimony about the experience of being transgendered, while another looks at one lesbian's reaction to discovering that a former girlfriend now identifies as transgendered. To help clarify exactly what goes on, we examine the medical procedures that transgendered people undergo—as well as their high costs. Additionally, we confront one particularly tragic issue that links gay and transgendered individuals—violence. Finally, to put everything in perspective, we provide a glossary that covers the spectrum of sexuality and suggests that sexual and gender roles may be more fluid than we ever imagined.











CLOCKWISE FROM TOP: GREG GORMAN FOR THE ADVOCATE; MATTHIU MENDIETA FOR THE ADVOCATE; BRETT AMOLE. LYNN GOLDSMITH FOR THE ADVOCATE. ©1999 LOREN CAMERON

COVER STORY

ALWAYS A WOMAN T

TRANSGENDER: A SPECIAL ADVOCATE REPORT

CHICAGO ACTRESS ALEXANDRA BILLINGS DISCUSSES HER JOURNEY FROM FEMALE IMPERSONATOR TO FEMALE PERSON BY LAURIE SCHENDEN

"My life is huge," says actress Alexandra Billings. "The whole gender issue is so meshed. It's all about a third sex. It's all about this other entity that we don't understand and we can't put a label on. That's what I am. You can call me transgender, you can call me a lesbian, you can call me a woman, you can call me a man. I'm all of those things and none of them."

Billings, 37, is visiting Los Angeles just a week before rehearsals begin in Chicago on *Just Say No*, the Larry Kramer play in which she'll star as a Nancy Reagan–like first lady [see story on page 38]. Having dinner at Hollywood's historic Roosevelt Hotel, Billings is relaxed and looking stylish, even in jeans and a blouse. Her hair is pulled back into a ponytail, and her hands are noticeably elegant, soft and slender—the kind that could sell dish soap if she ever decides to make the leap from stage to small screen.

"Sexuality and gender is all about perception," she says. "It's all about how you perceive who you are. I had been dressing as a woman at home since I was 4 or 5 years old. There was something instinctual in me that kept it hidden from the rest of the world." ►

PHOTOGRAPHY BY GREG GORMAN FOR *THE ADVOCATE*

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Costars Greg Louganis and Alexandra Billings get ready to revive Larry Kramer's play.

JUST SAY NO LIVES!

LARRY KRAMER'S ANGRY FARCE ON AIDS AND THE REAGANS GETS A NEW PRODUCTION IN CHICAGO BY ERIC GUTIERREZ

Greg Louganis and Alexandra Billings are all over each other. And they've just met. Emanating the star wattage of Tom and Nicole, the acting duo are jesting their way through a Los Angeles photo shoot to promote their starring roles in the Bailiwick Theatre staging of Larry Kramer's *Just Say No*, a play that takes on the AIDS-blindness of President Reagan's America. It's also a full-on bedroom farce, complete with slamming doors, musical beds, and a cast of oddly familiar characters. As Junior and Mrs. Potentate, ruling family of a country called New Columbia, Louganis jetés across the stage in nothing but a towel in search of gay sex and a ballet career while Billings plays a Lady Macbeth in heat, hell-bent on destroying a sex-orgy video threatening Mr. Potentate's hope of reelection.

"And everything in the play is true!" exclaims Kramer, on the telephone from his East Coast home. "I'm printing a list of all my sources in the program. People can verify the research."

Billings, a glamorous and bawdy brunet throwback to an earlier era of theatrical divas, elaborates. "Unlike other farces where you just enjoy the high jinks and near misses, you can't turn your brain off. As you're laughing you can't help seeing AIDS in a different light. At the reading last year, I never heard an audience laugh like that before, but during the last monologue there was dead silence. People got much more than they bargained for."

That may hold true especially for the play's stars. While both have met success onstage—Louganis in New York City productions of *Jeffrey* and *The Only Thing Worse You Could Have Told Me...*, and Billings in critically acclaimed Chicago productions, tackling everything from Brecht to roles such as Gertrude Stein and Cruella De Vil—the actors are making their debuts in a political hot potato(e). Washington wags certainly remember the Reagan crowd's ruthless damage control after the 1986 publication of *Vicki: The True Story of Vicki* ▶

A familiar face in the Windy City as an actress and a nightclub singer, Billings is in fact a Southern California native. Then a little boy named Scott, Billings moved to the Midwest at age 9 or 10. Scott tried gamely to be the boy his parents thought they were raising, Billings recalls, but was never very good at it.

While in high school in the Chicago area, Scott told his mother he thought he was gay. Indeed, the beginning of Billings's recognition of her transgender identity is a lesson in the importance of visibility. "I never knew there were people like me in the world," she says. "When I was 18, I got myself an apartment and was waiting tables. I saw this TV show with a female impersonator named Chili Pepper. She was so content about who she was; there was a real peace. And I'll never forget this: I sat there and cried because I thought, *I don't have to do this behind closed doors—she's on TV!*

"That's why I like to talk about it," she says, "because I know there are other people out there, men and women, who are thinking, *I'm the only one.*"

Although Billings began working as a female impersonator in her early 20s—even alongside Chili Pepper—she remained biologically male. The process of realizing that her own identity was female and always had been took years. But she never "made the decision" to become female. For a transgender person, "the decision was made when you were born," she emphasizes.

"I've had gobs of surgery, tons of it," Billings says of the series of medical procedures she began in her late 20s. "But I'm not defined by what happened to me surgically. I didn't say to myself, *OK, now I'm going to be a woman. Now I have to act this way or sit this way.* I had all those things in me."

Overcoming people's misconceptions is an ongoing struggle, she says. She recalls one audition in which "they didn't look at me once as I was singing and doing my monologue. They didn't ask for my picture, didn't say, 'Thank you,' 'Good morning,' nothing." Behind her back the director called her appearance "a sick joke."

On the other hand, Billings has been welcomed several times into the esteemed Steppenwolf and Court theaters. For a Steppenwolf play called *Time to Burn*, she was originally cast as a transvestite, but she pointed out that she couldn't do the play's shower scene. ▶

GREG GORMAN FOR THE ADVOCATE


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"I said, 'I'm not built like a boy. In fact, if you call this character a transvestite, politically, I can't do that because you're sending the wrong message to people.' I wanted to do the scene, so they changed the role to a transsexual."

Billings also feels strongly about the political message of *Just Say No.* "What's important is that we don't consider the war against AIDS over, because it's not," she says. "Having been infected [with HIV] for 13 years, I know what I've had to go through. All my friends are dead, and I'm not even 40 years old. Had [the Reagans] not ignored [the epidemic], we'd be ten years ahead of where we are now."

But Billings's powerful political convictions do not include the need to pin down her own sexual orientation. While still a teenager named Scott who thought he might be gay, Billings met and began dating Chrisanne Blankenship. After high school they remained friends and dated other people, and Blankenship saw Billings through her physical transformation. They gradually came to realize the specialness of their relationship and became committed partners. Three years ago the couple had a commitment ceremony. Are they lesbians? Does the fact that Billings once dated men make her bisexual? "Sure, whatever," she says.

What matters to her is that she and Chrisanne have a "very normal" marriage; they love to stay home and watch movies. "I believe in divine providence. Chrisanne and I came together for a purpose—to complete each other. She's funny; she's the most intelligent person I know. I couldn't live without her."

As for other family, Billings has a good relationship with her father, who recently told her that although he doesn't understand Billings's life, he can see that she is happy. And before her death, Billings's mother came around as well, sending her sweaters and jewelry for Christmas. "I'm living my life the way I want, and I'm really very happy doing it," Billings says. "That's what's important, not that you understand my transsexualism or my relationship or any of my life's choices. If people see me and see how happy I am, I think that's really all that's important. Don't you?" ■

Schenden writes on arts and entertainment for the Los Angeles Times.

Find more on this topic at www.advocate.com

Morgan and Alfred Bloomingdale and the Affair That Shook the Highest Levels of Government and Society **(St. Martin's Press), which alleged the existence of a videotaped orgy involving Reagan administration officials—much like the video over which Kramer's crowd of nymphos, leather fetishists, and closet cases bed and betray one another.**

Just Say No **was slammed by critics after a 1988 New York production, and Kramer had no intention of revisiting the play until he went to Chicago last July to attend the Bailiwick's one-night-only benefit reading, starring Billings. "She was an apparition, a force of nature," he enthuses. "When you see a great talent like that performing your work, you think, *Hey, I want more.* At the time I didn't know she was transsexual."**

The star resists being seen as a "transsexual actress," but she needn't worry, having earned both awards and respect since her professional debut 11 years ago. "Alexandra is one of the most extraordinary talents I have ever come across," says Kramer, author of *The Normal Heart* and screenwriter of *Women in Love.* "And you're talking to the man who helped make Glenda Jackson a star." Laughing at the compliment, Billings says only, "This kind of thing comes along rarely in a career."

For his part, Louganis is easygoing. "The reason I wanted to do *Just Say No* was one part Larry, one part timing," he observes casually while his Jack Russell and Border terriers wander across the table during lunch at the shoot.

In front of the camera and face-to-face, the stars couldn't be more different. While Billings is gregarious and engages with everyone from the makeup guy to the cook, Louganis is initially reserved, offering a shy smile and one-word answers. Their approaches to stage work are also worlds apart. Louganis admits he doesn't do "a whole lot of research" on his roles, while Billings frets over her tendency to "overresearch and really go way too far in my head."

But both say they immediately fell in love with the play that all now agree was a little ahead of its time. Eleven years after the play's debut, the nation no longer blushes over White House sex or blusters about gay public figures. The current production remains essentially unchanged, with all the sexual kinks, orgies, and hypocrisy of power players who resemble Ed Koch, Alfred Bloomingdale, and Nancy Reagan herself laid out in explicit, exquisite detail.

"I have no doubt whatsoever that AIDS was allowed to happen because of sexual secrets," Kramer says. "More historic decisions have been made because of what's going on in the bedroom than what's happening in the Oval Office."

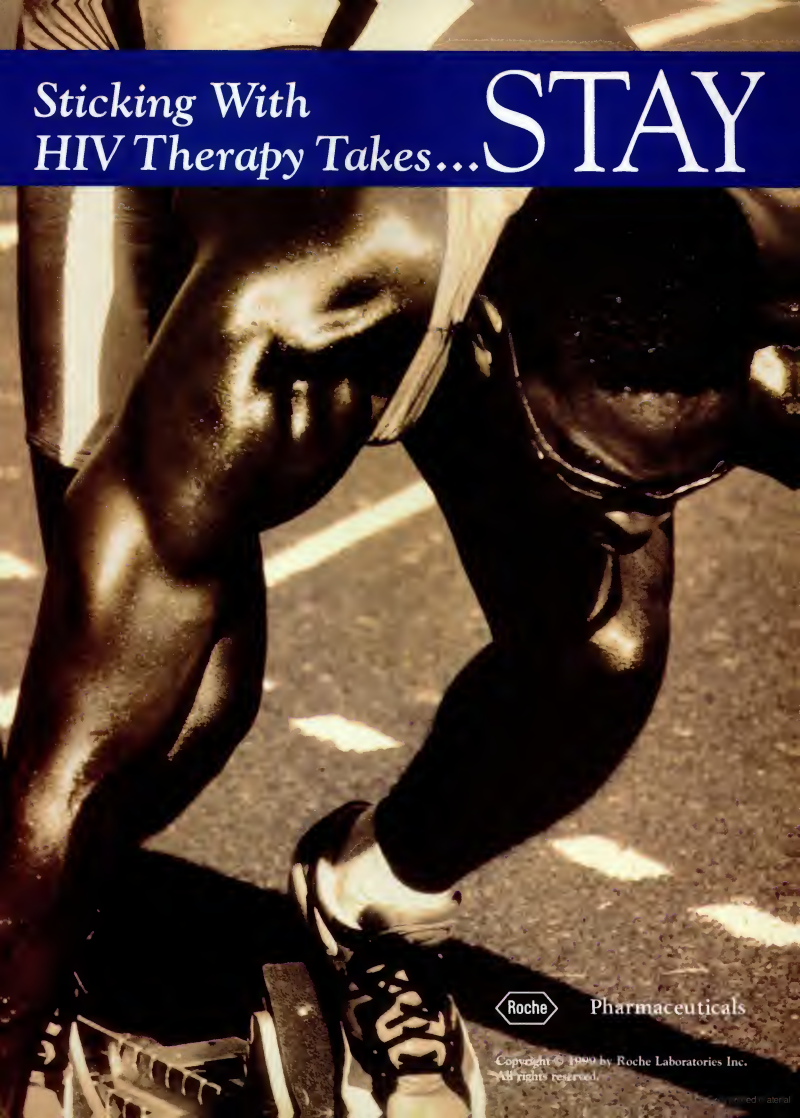
Political gossip, AIDS activism, and bedroom farce have a lot in common. In all three, no scandal is allowed to die, no secret remains unspoken, and the transsexuals get all the best lines. ■

Gutierrez is a regular contributor to the* Los Angeles Times *and* Latina *magazine.



KLAUS SCHOENWIESE FOR THE ADVOCATE

"Alexandra [Billings] is one of the most extraordinary talents I have ever come across," says playwright Larry Kramer, on the telephone from his East Coast home. "And you're talking to the man who helped make Glenda Jackson a star."


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CONTRAINDICATIONS: FORTOVASE is contraindicated in patients with clinically significant hypersensitivity to saquinavir or to any of the components contained in the capsule.

FORTOVASE should not be administered concurrently with terfenadine, cisapride, astemizole, triazolam, midazolam or ergot derivatives, because competition for CYP3A by saquinavir could result in inhibition of the metabolism of these drugs and create the potential for serious and/or life-threatening reactions such as cardiac arrhythmias or prolonged sedation (see PRECAUTIONS: *Drug Interactions*).

WARNINGS: New onset diabetes mellitus, exacerbation of pre-existing diabetes mellitus and hyperglycemia have been reported during postmarketing surveillance in HIV-infected patients receiving protease-inhibitor therapy. Some patients required either initiation or dose adjustments of insulin or oral hypoglycemic agents for the treatment of these events. In some cases diabetic ketoacidosis has occurred. In those patients who discontinued protease-inhibitor therapy, hyperglycemia persisted in some cases. Because these events have been reported voluntarily during clinical practice, estimates of frequency cannot be made and a causal relationship between protease-inhibitor therapy and these events has not been established.

PRECAUTIONS: *General:* If a serious or severe toxicity occurs during treatment with FORTOVASE, FORTOVASE should be interrupted until the etiology of the event is identified or the toxicity resolves. At that time, resumption of treatment with full-dose FORTOVASE may be considered.

Preliminary results from a pharmacokinetic substudy of NV15182 from patients sampled between weeks 61 to 69 of treatment showed that the mean saquinavir AUC was lower than the week 3 mean AUC from study NV15167. However, the mean AUC of saquinavir at week 61 to 69 remained higher than the mean AUC of INVIRASE in study NV15167 (see complete product information, CLINICAL PHARMACOLOGY: *Pharmacokinetics*). The clinical significance of this finding is unknown.

Hepatic Insufficiency: Saquinavir is principally metabolized by the liver. Therefore, caution should be exercised when administering FORTOVASE to patients with hepatic insufficiency since patients with baseline liver function tests >5 times the upper limit of normal were not included in clinical studies. Although a causal relationship has not been established, there have been reports of exacerbation of chronic liver dysfunction, including portal hypertension, in patients with underlying hepatitis B or C, cirrhosis or other underlying liver abnormalities.

Hemophilia: There have been reports of spontaneous bleeding in patients with hemophilia A and B treated with protease inhibitors. In some patients additional factor VIII was required. In the majority of reported cases treatment with protease inhibitors was continued or restarted. A causal relationship between protease-inhibitor therapy and these episodes has not been established.

Resistance/Cross-resistance: Varying degrees of cross-resistance among protease inhibitors have been observed. Continued administration of saquinavir therapy following loss of viral suppression may increase the likelihood of cross-resistance to other protease inhibitors (see complete product information, MICROBIOLOGY).

Information for Patients: Patients should be informed: (1) Any change from INVIRASE to FORTOVASE should be made only under the supervision of a physician; (2) FORTOVASE is not a cure for HIV infection and they may continue to contract illnesses associated with advanced HIV infection, including opportunistic infections; (3) FORTOVASE therapy has not been shown to reduce the risk of transmitting HIV to others through sexual contact or blood contamination; (4) FORTOVASE may interact with some drugs; therefore, patients should be advised to report to their physician the use of any other prescription or nonprescription medication; (5) FORTOVASE should be taken within 2 hours after a full meal (see complete product information, CLINICAL PHARMACOLOGY: *Pharmacokinetics*); (6) Of the importance of taking their medication every day as prescribed, to achieve maximum benefit. Patients should not alter the dose or discontinue therapy without consulting their physician. If a dose is missed, patients should take the next dose as soon as possible. However, the patient should not double the next dose; (7) The long-term effects of FORTOVASE are unknown at this time; (8) Refrigerated (36° to 46°F; 2° to 8°C) capsules of FORTOVASE remain stable until the expiration date printed on the label. Once brought to room temperature [at or below 77°F (25°C)], capsules should be used within 3 months.

Laboratory Tests: Clinical chemistry tests should be performed prior to initiating FORTOVASE therapy and at appropriate intervals thereafter. Elevated nonfasting triglyceride levels have been observed in patients in saquinavir trials. Triglyceride levels should be periodically monitored during therapy. For comprehensive information concerning laboratory test alterations associated with use of other antiretroviral therapies, physicians should refer to the complete product information for these drugs.

Drug Interactions: **Several drug interaction studies have been performed with both INVIRASE and FORTOVASE. Observations from drug interaction studies with INVIRASE may not be predictive for FORTOVASE.**

ANTIBIOTICS: Clarithromycin: Coadministration of clarithromycin with FORTOVASE resulted in a 177% increase in saquinavir plasma AUC, a 45% increase in clarithromycin AUC and a 24% decrease in clarithromycin 14-OH metabolite AUC.

ANTIHISTAMINES: Terfenadine: Coadministration of terfenadine with FORTOVASE resulted in increased terfenadine plasma levels; therefore, FORTOVASE should not be administered concurrently with terfenadine because of the potential for serious and/or life-threatening cardiac arrhythmias. *Astemizole:* Because a similar interaction to that seen with terfenadine is likely from the coadministration of FORTOVASE and astemizole, FORTOVASE should not be administered concurrently with astemizole.

HIV PROTEASE INHIBITORS: Indinavir: Coadministration of indinavir with FORTOVASE (1200-mg single dose) resulted in a 364% increase in saquinavir plasma AUC. Currently, there are no safety and efficacy data available from the use of this combination. *Nelfinavir:* Coadministration of nelfinavir with FORTOVASE resulted in an 18% increase in nelfinavir plasma AUC and a 392% increase in saquinavir plasma AUC. Currently, there are no safety and efficacy data available from the use of this combination. *Ritonavir:* Following approximately 4 weeks of a combination regimen of saquinavir (400 mg or 600 mg bid) and ritonavir (400 mg or 600 mg bid) in HIV-infected patients, saquinavir AUC values were at least 17-fold greater than historical AUC values from patients who received saquinavir 600 mg tid without ritonavir. When used in combination therapy for up to 24 weeks, doses greater than 400 mg bid of either ritonavir or saquinavir were associated with an increase in adverse events. Pharmacokinetic parameters with INVIRASE (400 mg bid) and ritonavir (400 mg bid) are similar to those achieved with FORTOVASE (400 mg bid) and ritonavir (400 mg bid).

HIV REVERSE-TRANSCRIPTASE INHIBITORS: No interaction with saquinavir is expected.

HIV NON-NUCLEOSIDIC REVERSE-TRANSCRIPTASE INHIBITORS: Delavirdine: Coadministration of delavirdine with INVIRASE resulted in a 5-fold increase in saquinavir plasma AUC. Currently there are limited safety and no efficacy data available from the use of this combination. In a small, preliminary study, hepatocellular enzyme elevations occurred in 13% of subjects during the first several weeks of the delavirdine and saquinavir combination (6% Grade 3 or 4) Hepatocellular changes should be monitored frequently if this combination is prescribed. *Nevirapine:* Coadministration of nevirapine with INVIRASE resulted in a 24% decrease in saquinavir plasma AUC. Currently, there are no safety and efficacy data available from the use of this combination.

ANTIFUNGAL AGENTS: Ketoconazole: Coadministration of ketoconazole with INVIRASE resulted in a 130% increase in saquinavir plasma AUC.

ANTIMYCOBACTERIAL AGENTS: Rifabutin: Coadministration of rifabutin with INVIRASE (saquinavir mesylate) resulted in a 43% decrease in saquinavir plasma AUC. Physicians should consider using an alternative to rifabutin when a patient is taking FORTOVASE. *Rifampin:* Coadministration of rifampin with INVIRASE resulted in an 84% decrease in saquinavir plasma AUC. Physicians should consider using an alternative to rifampin when a patient is taking FORTOVASE.

H_2 ANTAGONISTS: Ranitidine: Little or no change in the pharmacokinetics of INVIRASE was observed when coadministered with ranitidine. No significant interaction would be expected between FORTOVASE and ranitidine.

GI MOTILITY AGENTS: Cisapride: Cisapride should not be administered concurrently with FORTOVASE because of potential for serious and/or life-threatening cardiac arrhythmias.

Other potential drug interactions that may decrease saquinavir plasma concentrations include: anticonvulsants — carbamazepine, phenobarbital, phenytoin; corticosteroids — dexamethasone.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Carcinogenesis: Carcinogenicity studies in rats and mice have not yet been completed.

Mutagenesis: Mutagenicity and genotoxicity studies, with and without metabolic activation where appropriate, have shown that saquinavir has no mutagenic activity in vitro in either bacterial (Ames test) or mammalian cells (Chinese hamster lung V79/HPRT test). Saquinavir does not induce chromosomal damage in vivo in the mouse micronucleus assay or in vitro in human peripheral blood lymphocytes and does not induce primary DNA damage in vitro in the unscheduled DNA synthesis test.

Impairment of Fertility: Fertility and reproductive performance were not affected in rats at plasma exposures (AUC values) approximately 50% of those achieved in humans at the recommended dose.

Pregnancy: Teratogenic Effects: Category B. Reproduction studies conducted with saquinavir in rats have shown no embryotoxicity or teratogenicity at plasma exposures (AUC values) approximately 50% of those achieved in humans at the recommended dose or in rabbits at plasma exposures approximately 40% of those achieved at the recommended clinical dose of FORTOVASE. Distribution studies in these species showed that placental transfer of saquinavir is low (less than 5% of maternal plasma concentrations).

Studies in rats indicated that exposure to saquinavir from late pregnancy through lactation at plasma concentrations (AUC values) approximately 50% of those achieved in humans at the recommended dose of FORTOVASE had no effect on the survival, growth and development of offspring to weaning. Because animal reproduction studies are not always predictive of human response, FORTOVASE should only be used during pregnancy after taking into account the importance of the drug to the mother. Presently, there are no reports of women receiving FORTOVASE in clinical trials who became pregnant.

Nursing Mothers: The US Public Health Service Centers for Disease Control and Prevention advises HIV-infected women not to breastfeed to avoid postnatal transmission of HIV to a child who may not be infected. It is not known whether saquinavir is excreted in human milk.

Pediatric Use: Safety and effectiveness of FORTOVASE in HIV-infected pediatric patients younger than 16 years of age have not been established.

Geriatric Use: Safety and effectiveness of FORTOVASE in HIV-infected geriatric patients older than 65 years of age have not been established.

ADVERSE REACTIONS (see PRECAUTIONS): The safety of FORTOVASE was studied in more than 500 patients who received the drug either alone or in combination with other antiretroviral agents. The majority of treatment-related adverse events were of mild intensity. The most frequently reported treatment-emergent adverse events among patients receiving FORTOVASE in combination with other antiretroviral agents were diarrhea, nausea, abdominal discomfort and dyspepsia.

Clinical adverse events of at least moderate intensity which occurred in ≥ 2% of patients in studies NV15182 and NV15355 are summarized in Table A. The median duration of treatment in studies NV15182 and NV15355 were 52 and 18 weeks, respectively. In NV15182, more than 300 patients were on treatment for approximately 1 year.

Table A. Percent of Patients With Treatment-Emergent Adverse Events* of at Least Moderate Intensity, Occurring in ≥ 2% of Patients

	NV15182 (48 weeks)		NV15355 (16 weeks) Naive Patients	
ADVERSE EVENT	**FORTOVASE + TDC† N=442**	**INVIRASE + 2 RTIs‡ N=447**	**FORTOVASE + 2 RTIs‡ N=80**	
Diarrhea	19.9	12.3	15.6	
Nausea	10.6	13.6	17.8	
Abdominal Discomfort	8.6	4.9	13.3	
Dyspepsia	8.4	—	8.9	
Flatulence	5.7	7.4	12.2	
Vomiting	2.9	1.2	4.4	
Abdominal Pain	2.3	1.2	7.8	
Constipation	—	—	3.3	
Fatigue	4.8	6.2	6.7	
Headaches	5.0	4.9	8.9	
Depression	2.7	—	—	
Insomnia	—	1.2	5.6	
Anxiety	—	2.5	2.2	
Libido Disorder	—	—	2.2	
Taste Alteration	—	1.2	4.4	
Pain	—	3.7	3.3	
Eczema	—	2.5	—	
Rash	—	2.5	—	
Verruca	—	—	2.2	

* Includes adverse events at least possibly related to study drug or of unknown intensity and/or relationship to treatment (corresponding to ACTG Grade 3 and 4). †Antiretroviral Treatment of Choice. ‡Reverse-Transcriptase Inhibitor.

FORTOVASE did not appear to alter the pattern, frequency or severity of known major toxicities associated with the use of nucleoside analogues. Physicians should refer to the complete product information for other antiretroviral agents as appropriate for drug-associated adverse reactions to these other agents.

Rare occurrences of the following serious adverse experiences have been reported during clinical trials of FORTOVASE and/or INVIRASE and were considered at least possibly related to use of study drugs: confusion, ataxia and weakness; seizures; headache; acute myeloblastic leukemia; hemolytic anemia; thrombocytopenia; thrombocytopenia and intracranial hemorrhage leading to death; attempted suicide; Stevens-Johnson syndrome; bullous skin eruption and polyarthritis; severe cutaneous reaction associated with increased liver function tests; isolated elevation of transaminases; exacerbation of chronic liver disease with Grade 4 elevated liver function tests, jaundice, ascites, and right and left upper quadrant abdominal pain; pancreatitis leading to death; intestinal obstruction; portal hypertension; thrombophlebitis; peripheral vasoconstriction; drug fever; nephrolithiasis; and acute renal insufficiency.

Table B summarizes the percentage of patients with marked laboratory abnormalities in study NV15182 and NV15355 (median duration of treatment was 52 and 18 weeks, respectively). In study NV15182, by 48 weeks <1% of patients discontinued treatment due to laboratory abnormalities.

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Table B. Percent of Patients With Marked Laboratory Abnormalities*

		NV15182 (48 weeks)	NV15355 (16 weeks) Naive Patients	
Biochemistry/Hematology	**Limit**	**FORTOVASE + TDC† N=442**	**INVIRASE + 2 RTIs‡ N=81**	**FORTOVASE + 2 RTIs‡ N=80**
Alk Phos	>5 x ULN§	0.5	0.0	0.0
Calcium (high)	>12.5 mg/dL	0.2	0.0	0.0
Creatine Kinase	>4 x ULN§	7.8	0.0	4.8
Gamma GT	>5 x ULN§	5.7	2.6	7.1
Glucose (low)	<40 mg/dL	6.4	2.5	3.5
Glucose (high)	>250 mg/dL	1.4	1.3	1.2
Phosphate	<1.5 mg/dL	0.5	0.0	0.0
Potassium (high)	>6.5 mEq/L	2.7	0.0	1.2
Serum Amylase	>2 x ULN§	1.9	Not Done	Not Done
SGOT (AST)	>5 x ULN§	4.1	0.0	1.2
SGPT (ALT)	>5 x ULN§	5.7	1.3	2.3
Sodium (high)	> 157 mEq/L	0.7	0.0	0.0
Total Bilirubin	>2.5 x ULN§	1.6	0.0	0.0
Hemoglobin	<7.0 gm/dL	0.7	0.0	1.2
ANC	<750 mm³	2.9	2.9	1.2
Platelets	<50,000 mm³	0.9	2.5	0.0

*ACTG Grade 3 or above. †Antiretroviral Treatment dt Choice. ‡Reverse-Transcriptase Inhibitor. §ULN = Upper limit of normal range.

Additional marked lab abnormalities have been observed with INVIRASE (saquinavir mesylate). These include: calcium (low), phosphate (low), potassium (low), sodium (low).

Monotherapy and Combination Studies: Other clinical adverse experiences of any intensity, at least remotely related to FORTOVASE and INVIRASE, including those in <2% of patients, are listed below by body system.

Autonomic Nervous System: Mouth dry, night sweats, sweating increased

Body as a Whole: Allergic reaction, anorexia, appetite decreased, appetite disturbances, asthenia, chest pain, edema, fever, intoxication, malaise, olfactory disorder, pain body, pain pelvic, retrosternal pain, shivering, trauma, wasting syndrome, weakness generalized, weight decrease

Cardiovascular/Cerebrovascular: Cyanosis, heart murmur, heart rate disorder, heart valve disorder, hypertension, hypotension, stroke, syncope, vein distended

Central and Peripheral Nervous System: Ataxia, cerebral hemorrhage, confusion, convulsions, dizziness, dysarthria, dysesthesia, hyperesthesia, hyperreflexia, hyporeflexia, light-headed feeling, myelopolyradiculoneuritis, neuropathy, numbness extremities, numbness face, paresis, paresthesia, peripheral neuropathy, poliomyelitis, prickly sensation, progressive multifocal leukoencephalopathy, spasms, tremor, unconsciousness

Dermatological: Acne, alopecia, chalazion, dermatitis, dermatitis seborrheic, erythema, folliculitis, furunculosis, hair changes, hot flushes, nail disorder, papillomatosis, papular rash, photosensitivity reaction, pigment changes skin, parasites external, pruritus, psoriasis, rash maculopapular, rash pruritic, red face, skin disorder, skin nodule, skin syndrome, skin ulceration, urticaria, verruca, xeroderma

Endocrine/Metabolic: Dehydration, diabetes mellitus, hyperglycemia, hypoglycemia, hypothyroidism, thirst, triglyceride increase, weight increase

Gastrointestinal: Abdominal distention, bowel movements frequent, buccal mucosa ulceration, canker sores oral, cheilitis, colic abdominal, dysphagia, esophageal ulceration, esophagitis, eructation, fecal incontinence, feces bloodstained, feces discolored, gastralgia, gastritis, gastroesophageal reflux, gastrointestinal inflammation, gingivitis, glossitis, hemorrhage rectum, hemorrhoids, infectious diarrhea, melena, painful defecation, parotid disorder, pruritus ani, pyrosis, salivary glands disorder, stomach upset, stomatitis, taste unpleasant, toothache, tooth disorder, ulcer gastrointestinal

Hematologic: Anemia, neutropenia, pancytopenia, splenomegaly

Liver and Biliary: Cholangitis sclerosing, cholelithiasis, hepatitis, hepatomegaly, hepatosplenomegaly, jaundice, liver enzyme disorder, pancreatitis

Musculoskeletal: Arthralgia, arthritis, back pain, cramps leg, cramps muscle, lumbago, musculoskeletal disorders, myalgia, myopathy, pain facial, pain jaw, pain leg, pain musculoskeletal, stiffness, tissue changes

Neoplasm: Kaposi's sarcoma, tumor

Platelet, Bleeding, Clotting: Bleeding dermal, hemorrhage, microhemorrhages, thrombocytopenia

Psychiatric: Agitation, amnesia, anxiety attack, behavior disturbances, dreaming excessive euphoria, hallucination, intellectual ability reduced, irritability, lethargy, overdose effect, psychic disorder, psychosis, somnolence, speech disorder

Reproductive System: Epididymitis, erectile impotence, impotence, menstrual disorder, menstrual irregularity, penis disorder, prostate enlarged, vaginal discharge

Resistance Mechanism: Abscess, angina tonsillaris, candidiasis, cellulitis, herpes simplex, herpes zoster, infection bacterial, infection mycotic, infection staphylococcal, infestation parasitic, influenza, lymphadenopathy, moliuscum contagiosum, moniliasis

Respiratory: Asthma bronchial, bronchitis, cough, dyspnea, epistaxis, hemoptysis, laryngitis, pharyngitis, pneumonia, pulmonary disease, respiratory disorder, rhinitis, rhinitis allergic atopic, sinusitis, upper respiratory tract infection

Special Senses: Blepharitis, conjunctivitis, cytomegalovirus retinitis, dry eye syndrome, earache, ear pressure, eye irritation, hearing decreased, otitis, taste unpleasant, tinnitus, visual disturbance, xerophthalmia

Urinary System: Micturition disorder, nocturia, renal calculus, renal colic, urinary tract bleeding, urinary tract infection

OVERDOSAGE: Overdosage with FORTOVASE has not been reported. There were 2 patients who had overdoses with INVIRASE. No sequelae were noted in the first patient after ingesting 8 grams of INVIRASE as a single dose. The patient was treated with induction of emesis within 2 to 4 hours after ingestion. The second patient ingested 2.4 grams of INVIRASE in combination with 600 mg of ritonavir and experienced pain in the throat that lasted for 6 hours and then resolved.

DOSAGE AND ADMINISTRATION: The recommended dose of FORTOVASE is six 200-mg capsules orally, three times a day (1200 mg tid). FORTOVASE should be taken with a meal or up to 2 hours after a meal (see complete product information).

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Self-Portrait
with Bix, 1998

PORTRAIT OF A MAN

TRANSGENDER: A SPECIAL ADVOCATE REPORT

BORN AS A WOMAN, AN AWARD-WINNING PHOTOGRAPHER TELLS HOW HE BECAME THE MAN HE IS TODAY

BY LOREN CAMERON

I suppose I have told the same old story countless times now. I mean, every transsexual man I've ever met tells the same story: "I never felt like a girl; I played with boys' toys and liked boys' games, etc." Then a rehash about pubescent anxiety, how your body betrays you and you begin to develop very clever coping mechanisms to manage the stress. Like bad posture to hide your budding breasts and big boots and baggy shirts—and lesbianism, if you're lucky.

That was my story, anyway. I figured out early on that I had somehow gotten a square peg, and I wasn't too happy about it. Right from the start this skin of mine just didn't fit. Maybe it was because Mom was going through a divorce when she carried me in her womb. Maybe she was having some survival issues, causing her to put me awash in testosterone.

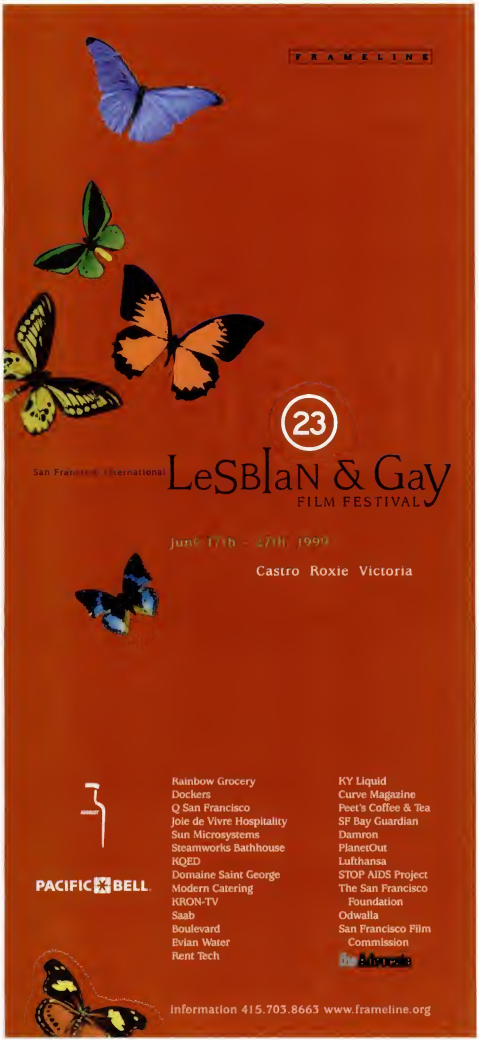
Or maybe it was those G.I. Joes I played with. Did you ever have one? They had the best uniforms. Lots of outfits to choose from—and boots, don't forget the boots. Big guns and grenades and cool scars. (Scars. I see a real early influence here.) Or it could be that I noticed I always got KP duty and was never promoted above the rank of private when I played Army with the boys on my block. Girls were never allowed to go into combat.

I don't really know what felt so out of whack, and I don't think I really care. I guess there are as many reasons why a transsexual is transsexual as there are people in the world. All that matters is that it's my body and I can do what I want with it.

It's too bad that my days in Lesbiana had to come to an end. After about ten years of Butch Camp, I graduated to Boy World, big time. All of a sudden, one year I woke up and realized that the boobs had to go. What's more, I wanted a beard too. And a nice, hard, lean body to go with it. A penis? I would settle for an oversize clitoris; it was cheaper, and it works better.

I guess that meant I wanted to be a man. But that felt so alien in the beginning of my change. I was still very socialized as Butch Lesbian. (That isn't the same as Female. Do ya get it?) I felt like a boy in the first few years, and I looked like one too: lots of pimples and a breaking voice, a bad temper and a randy disposition. I remember one occasion when I was shopping for clothes with my girlfriend Isabella. She was High Femme (I was still into femmes in those days), a few inches taller, and a little older than I was. We were in the boys' clothing department at Macy's, which was the only place I could find shirts to fit me. (Besides, I was in my second adolescence.) The salesperson looked at Isabella and then at me and said, "Oh, is that your son?" I was mortified. I was 29 years old; Isabella was 36. People used to think she was some kind of pervert or something. She was a real trooper, stayed with me through teenage zits, disapproving lesbians, and hetero assumptions. Life was pretty weird in those first years of transition, but it was exciting as well. ▶

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It was then that I picked up a camera for the first time. Around '93, I guess. I was taking really bad snapshots of myself to send to friends and family. You know, the kind that are sort of out of focus and lop off the top of your head because you're holding the camera at arms length. I really got it that visuals were essential to help the folks back home keep up with me as I went through this strange body transformation, this chemical and surgical reinvention of self. That's when I realized that visuals were useful in helping everybody else understand it too.

I knew I had to photograph us. Transsexuals, I mean. Us—that's what was new and different about the idea. I was going to be a photographer who was like them. I believed that we needed that, to see images of ourselves by one of us whose eye through the lens looked for a reflection. Self-portraiture. An eye that didn't see anything odd or freakish. An eye that looked for beauty.

I began meeting more transsexual people, listening to their stories of change, and I started taking their pictures. I took more photos of myself and watched eagerly as the hormones, body building, and chest surgery sculpted my female form more and more into a male one. I was proud of what I saw, in me and in them. We all had one thing in common, if nothing else: We were hell-bent on becoming the people we believed ourselves to be. We had to; we didn't feel it was a matter of choice.

By 1996 my book *Body Alchemy* was published. It's a collection of photographs that will show you just about everything you ever wanted to know about female-to-male bodies and is chock-full of proud, handsome trans men. I have tried to represent some measure of my community in an effort to provide bolstering and informative images with text for both trans and nontrans readers. I feel it has been a needed contribution in a new wave of transsexual activism, very much a part of a burgeoning movement that began about the time I was figuring out what an f-stop was.

Finally, nearly 12 years later, I am feeling just fine. I look in the mirror, and I see the man I've worked so hard to grow up to be. My body has that



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Self-Portrait with Bix and Partner Stephanie Lund, 1998 (at left); *Body Alchemy: Transsexual Portraits,* Cleis Press, 1996

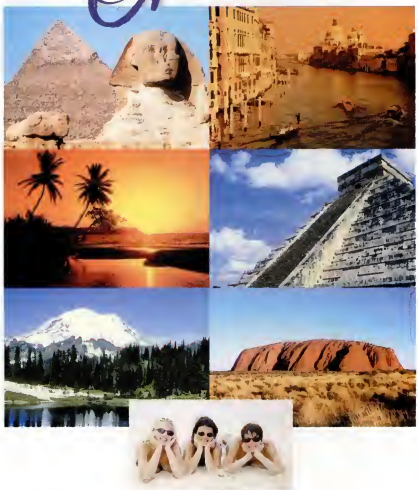


muscular and hard build like those comic book heroes that I always wanted to look like. (Well, maybe not quite as big, especially in the crotch. Did you ever notice how big they look in those tights?) My beard, at long last, has filled in, while my head begins to bald, and my photography career goes skipping down its path. I've got a delicious pup of a girlfriend (partner) who, ironically (or maybe not so ironically), is a very handsome butch, indeed. Everybody thinks that Stephanie is my son—or my boy—and that I am some kind of old pervert queer. I tell you, being a man can be a very confusing thing sometimes. ■

Cameron's work has appeared in Artweek *and in his book* Body Alchemy, *published by Cleis Press.*

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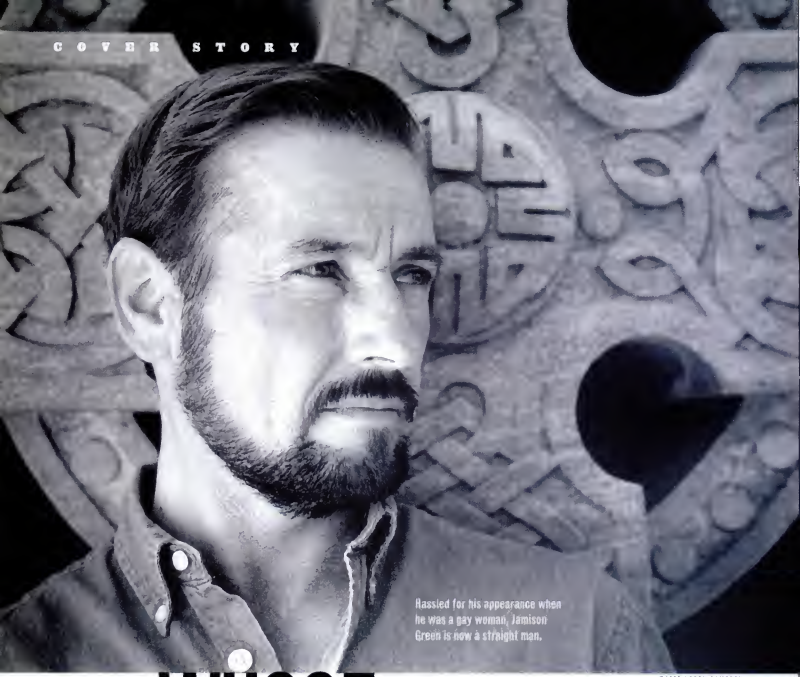
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Hassled for his appearance when he was a gay woman, Jamison Green is now a straight man.

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WHOSE MOVEMENT IS IT?

It happened every time Jamison "James" Green tried to enter a lesbian bar in the '70s and '80s. The bouncer would try to stop him from entering because of the way he looked. "This is a women-only bar," the bouncer would protest.

"Do you want me to show you my tits?" Green would respond.

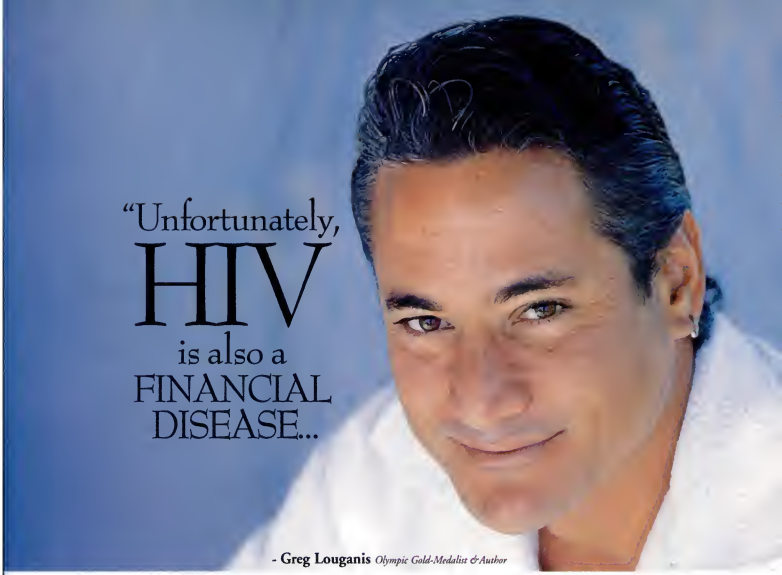
Only after the bouncer engaged in a brief and hushed huddle with a manager would Green eventually be admitted to the bar.

For 22 years Green had sex with women and identified as a lesbian. "But [the discrimination] wasn't about whom I was sleeping with, it was about my exterior gender traits. Being challenged like that was painful," he recalls.

But once inside the bar, Green was still uncomfortable. "I felt left out in women-only spaces," he says. "The fact is, I ▶

TRANSGENDER: A SPECIAL ADVOCATE REPORT

TRANSGENDER ACTIVISTS SEEK ALLIES AMONG OFTEN-RELUCTANT LESBIANS AND GAY MEN BY MUBARAK DAHIR



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was more male than female."

Although born with a female anatomy, Green felt like a man. In 1988 he began medical treatment to transition from female to male. Today the 50-year-old writer is president of the San Francisco–based organization Female-to-Male International. "My orientation is still toward women, so today I'm heterosexual," he says. "But I still consider myself part of the queer community."

However, many gay men and lesbians don't consider Green and others like him, referred to as transgendered, or transsexual, to be part of their political and social movement. Those skeptics look on transgendered people as part of the fringe, oddities who are a potential embarrassment to the push for mainstream acceptance. Only in the past few years have transgendered people begun winning acceptance as part of a larger alliance of gays, lesbians, and bisexuals. And while many gay and lesbian political organizations on both the local and national levels now officially recognize transgendered people in ▶

THE TERMS THAT DEFINE US

Definitions are supposed to make meanings clearer, but in the realm of sex, definitions often underscore just how inadequate words are. What is the sexual orientation of a transsexual? How fixed are our views of gender identity? If anything, the words and their definitions are the jumping-off point for a discussion about our assumptions of how we see ourselves. The following glossary, based on information from GenderPAC and other sources, lists in alphabetical order the most commonly used terms about sexual identity, especially as they relate to transgendered people.

BISEXUAL: A person who is capable of being sexually attracted to people of either gender. Bisexuals may be improperly categorized by other people as gay or heterosexual, depending upon whom they might be sexually involved with at any given time.

CROSS-DRESSER: The preferred term for men who enjoy or prefer women's clothing and social roles. Contrary to popular belief, the overwhelming majority of male cross-dressers identify as straight and often are married.

DRAG: Refers to the adoption of clothing and roles of the opposite sex by individuals for play, entertainment, or eroticism. Originally used to refer only to "drag queens," gay men who dress as women and who are distinct from cross-dressers. Lately there has been an enormous growth—in number and popularity— of "drag kings" among lesbians.

GAY: Used to describe individuals who are sexually attracted to people of the same sex. While the term usually connotes men, the term *gays,* or *gay people,* often refers to both gay men and lesbians.

GENDER EXPRESSION: A person's expression of masculinity or femininity. For many, sexual orientation is subsumed within gender as part of their expression of maleness or femaleness. Thus, many people believe that sleeping with men is considered an expression of femininity, no matter which sex engages in the behavior.

GENDER IDENTITY: A psychological term referring to one's "core" sense of maleness or femaleness. When used for legal purposes, the term is most often used in connection with transgendered people and is commonly considered to exclude those who do drag or cross-dress.

GENDER QUEER: A controversial term describing anyone considered "queer" because of how he or she expresses sexuality or gender.

HERMAPHRODITE, INTERSEX: Refers to people born with genitals that are neither completely male nor female. According to the Intersex Society of North America, a group fighting for intersex concerns, approximately one in every 2,000 newborns is intersexual. Many will suffer cosmetic surgery to "correct" their genitals, often resulting in a profound and permanent loss of erotic genital sensation.

HETEROSEXUAL: A person who is sexually attracted to people of the opposite sex.

HOMOSEXUAL: A person who is sexually attracted to people of the same sex.

LESBIAN: A woman who is sexually attracted to other women.

SEXUAL ORIENTATION: Describes the emotional or sexual attraction of one individual to a particular gender. The reason for a given individual's orientation is not well understood, but many scientists believe biology plays a key role. For transsexuals, the description of orientation may change. Someone who preferred men as a man would be described as homosexual; as a woman, the same person would be described as heterosexual.

TRANSGENDER: Originally used to refer to individuals who lived in another gender but did not desire surgery, the term is now used interchangeably with *transsexual,* though *transgender* is preferred by many because of its allusion to gender identity. Some activists use the term to refer to *anyone* who transgresses societal norms of sex and gender.

TRANSSEXUAL: A medical term coined in the 1950s to refer to individuals who desire not only to live in another gender but also to change their bodies through surgery to reflect that gender. Not all transsexuals can have or desire complete genital surgery. Despite popular belief that male-to-female transsexuals outnumber their female-to-male counterparts, about 50% of transsexuals identify as male, and 50% as female.

TRANSVESTITE: A medical term used to describe men who wear women's clothing. Few people still use the term, which has been mostly replaced by *cross-dresser.*



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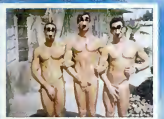
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"I'D SAY IF A TRANSGENDERED PERSON DOESN'T HAVE A GAY ORIENTATION, HE OR SHE IS NOT PART OF THE GAY MOVEMENT."

—RICH TAFEL, executive director of the Log Cabin Republicans

their mission statements, an often-divisive debate continues around the question of how closely connected the gay and lesbian movement and the transgender movement are and should be.

Resistance comes from both sides. "There are a lot of people in my situation—heterosexual men—who are vehemently opposed to being associated with queers," Green says.

"There are some transgendered people with homophobia," agrees Sharon Stuart, executive director of the Transgender Law Conference, an organization that helps transsexuals locate legal resources. For example, Stuart says, many cross-dressers—men who wear women's clothes but are heterosexual—resent being confused with drag queens, who are gay men who dress in women's clothes.

Still, most transgender leaders insist the opposition to a united gay, lesbian, bisexual, and transgender movement comes from gay men and lesbians.

"A significant number of gays and lesbians haven't resolved their own phobias around gender and appearance, and they're the ones most likely to object" to including transsexuals, says Nancy Nangeroni, a transgender activist who hosts GenderTalk, a radio show on WMBR in Cambridge, Mass.

Even the gay leaders who make distinctions between the gay rights movement and the transgender rights movement concede that the hesitancy to link the groups comes most strongly from gay men and lesbians.

"I'd say if a transgendered person doesn't have a gay orientation, he or she is not part of the gay movement," says Rich Tafel, executive director of the Log Cabin Republicans, a national gay political group. "Adding transgendered people to a mission means arguing for a group of heterosexual people too, and that is a broader coalition of people."

But, Tafel admits, much of the discrimination against transgendered peo-



THE ADVOCATE POLL
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Should transgendered people be a part of the gay rights movement?

Sign on to *The Advocate*'s Web site before May 25 to cast your vote and leave your comments. Results will appear in the June 22 issue.

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ple exhibited by gays and lesbians is based on fear, not philosophy. "Frankly, to a lot of gay men, transgendered people are an embarrassment. The unspoken attitude is, Let's keep them in the closet. They're freaks and they hurt us."

Tafel condemns that attitude, calling it "little more than internalized homophobia." He believes that transgendered people are more likely to be victims of discrimination and violence than lesbians or gay men because they are less likely to meld into mainstream society. He says the key to cooperation between gays and lesbians and transsexuals is "being honest and clear about who everyone is. The transgender issue confuses a lot of people, gay and straight. A lot of the opposition in the gay community is based on the fear that others will think the transgendered are just gay people with sex-change operations."

But some transgender activists say that making distinctions about experiences and political goals is what separates transgendered people from gays and lesbians in the first place. Simply asking whether transsexuals should be part of the gay rights movement shows the arrogance of a movement that is too politically narrow, says Riki Wilchins, executive director of the gender education and advocacy group GenderPAC. ▶



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"Gayness used to be about both orientation and gender," Wilchins says. But then, she charges, some gays and lesbians staked out what has proved to be a successful, if divisive, public relations strategy in winning support from heterosexuals: "We look like you. We act like you. We're just like you. Give us our rights."

MARIETTE PATHY ALLEN



JASON SMITH

When this happened, Wilchins says, "the movement was hijacked. Now, we're just trying to reintegrate the movement again. It has left out gender queers because, let's face it, we're not like everybody else. We were the flamboyant, visible ones, so we got sacrificed for political expediency. You can sell Ellen DeGeneres on Capitol Hill. You can't sell RuPaul."

Nothing epitomizes the rift between the gay and lesbian movement and the transgendered more than the attempt to draft and pass the federal Employment Non-Discrimination Act. As currently written, ENDA, if passed, would offer federal protection against employment discrimination for gays, lesbians, and bisexuals. Transsexuals are not included in the bill.

Transgender activists uniformly condemn the exclusion from ENDA. They charge that gay and lesbian leaders and organizations, particularly Democratic congressman Barney Frank of Massachusetts and the Human Rights Campaign, a Washington, D.C.–based gay lobbying group, fought hard to keep transgendered people out of ENDA because they believed it would ease the political struggle to pass it.

Frank and HRC deny it was a matter of political self-interest. "I am not for including *transgender* in ENDA because [the transgendered population's] issues couldn't be addressed in this" bill, Frank says. He dismisses the notion of political embarrassment and points to his support of including transgendered people in federal hate-crimes legislation. "It's not about who is being covered, it's about what activity is being covered. Transgendered people want a law that mandates a person with a penis be allowed to shower with women. They can't get that in ENDA. They may need separate laws." Frank says there are real issues for businesses where employees must share dorms, showers, and bathrooms. He believes some transgendered people will get protection from ENDA but acknowledges it does not offer blanket coverage.

"Every civil rights legislation ever passed was partial," he says. "The notion [that] you shouldn't do anything until you can do everything is a notion for doing nothing. It's not immoral to take the gains where you can get them."

And Donna Red Wing, national field director at HRC—a group whose fundraisers have been protested by transgender activists in the past—denies her organization would ever adopt an "us versus them" approach to transsexuals. "It's dangerous to separate ourselves from transgendered people in order to be more palatable to the mainstream," she says. "And it's crazy to pretend that those who would discriminate against the transgendered wouldn't discriminate against us."

But she also says ENDA will move forward as written, without including the transgendered. The claim that transsexuals have been politically sacrificed "is an easy out," she says. "The gay and lesbian community has worked Congress for 25 years. The transgendered community has just started to lobby Congress in the past five years. Congress doesn't have any real understanding of the transgendered community. The real work is ahead of them."

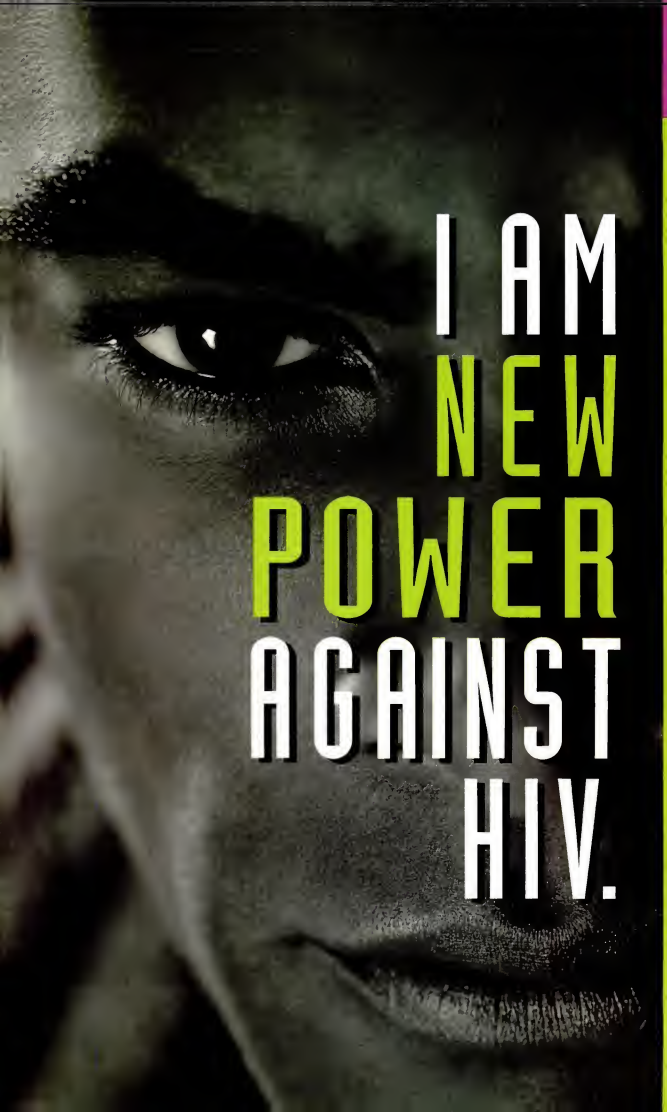
Not all gay activists hold this view. "It is not just up to transgendered people to do the legwork" on educating Congress and the public, says Kerry Lobel, executive director of the National Gay and Lesbian Task Force, a political group. In 1996 the task force became the first national gay and lesbian organization to incorporate transgendered people into its mission statement. "NGLTF believes there is one movement, the GLBT movement," Lobel says. Therefore, she says, the organization cannot support ENDA without transsexual inclusion. "You can't leave some members behind now and hope they catch up later." ▶

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Important safety information

About 5% of patients (5 in 100) who take ZIAGEN have a hypersensitivity reaction (a serious allergic reaction) that may result in death. IF YOU HAVE SKIN RASH OR TWO OR MORE OF THE FOLLOWING SETS OF SYMPTOMS, STOP TAKING ZIAGEN AND CALL YOUR DOCTOR IMMEDIATELY: fever, nausea, vomiting, diarrhea, or abdominal pain, severe tiredness, achiness, or generally ill feeling. A written list of these symptoms is on the Warning Card and Medication Guide provided by your pharmacist. You should carry the Warning Card with you.

If you must stop treatment with ZIAGEN because you have had this serious reaction, NEVER TAKE ZIAGEN AGAIN. If you take ZIAGEN again after you have had this serious reaction, WITHIN HOURS you may experience LIFE-THREATENING symptoms that may include LOWERING OF YOUR BLOOD PRESSURE OR DEATH.

A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with HIV drugs of this type.

Most side effects were mild to moderate; the most common side effects were nausea, vomiting, malaise or fatigue, headache, diarrhea, and loss of appetite. Most of these side effects did not cause people to stop taking ZIAGEN.

*71% (62/87) of patients taking ZIAGEN with lamivudine + zidovudine in this clinical trial had viral load undetectable below 400 copies/mL using the Roche Amplicor HIV-1 MONITOR® Test.

Please see important information for ZIAGEN and COMBIVIR on adjacent pages.

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www.ZIAGEN.com

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Web site: www.glaxowellcome.com

MEDICATION GUIDE

ZIAGEN™ (z-EYE-uh-jen) (abacavir sulfate) Tablets and Oral Solution

Established name: abacavir (uh-BACK-ah-veer) sulfate tablets and oral solution

In order to take Ziagen safely, you should read all of the information in this Medication Guide each time you fill your prescription for Ziagen.

What is the most important information I should know about Ziagen?

About 5% of patients (5 in 100) who take Ziagen have a hypersensitivity reaction (a serious allergic reaction) **that may result in death.** If you have **skin rash** or two or more of the following sets of symptoms, you may be having this kind of reaction:

- **fever**
- **nausea, vomiting, diarrhea, or abdominal pain**
- **severe tiredness, achiness, or generally ill feeling**

A written list of these symptoms is on the Warning Card provided by your pharmacist. You should carry this Warning Card with you. **IF YOU NOTICE THESE SYMPTOMS WHILE TAKING ZIAGEN, STOP TAKING ZIAGEN AND CALL YOUR DOCTOR IMMEDIATELY.**

If you must stop treatment with Ziagen because you have had this serious reaction, **NEVER TAKE ZIAGEN AGAIN.** If you take Ziagen again after you have had this serious reaction, **WITHIN HOURS** you may experience **LIFE-THREATENING** symptoms that may include **LOWERING OF YOUR BLOOD PRESSURE OR DEATH.**

Ziagen can have other serious side effects. Be sure to read "What are the possible side effects of Ziagen?" in the section to the right.

What is Ziagen?

Ziagen is a medication used to treat HIV infection. Ziagen is taken by mouth as a tablet or a strawberry-banana flavored liquid. It belongs to a class of anti-HIV medicines called nucleoside analogue reverse transcriptase inhibitors (NRTIs). Ziagen is only proven to work when taken in combination with other anti-HIV medications. When used in combination with these other medications, Ziagen helps lower the amount of HIV found in your blood and keep your immune system as healthy as possible so that it can help fight infection. However, Ziagen does not have these effects in all patients.

Ziagen does not cure HIV infection or AIDS. At this time, there is no evidence that Ziagen will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Because of this, you must be sure to be seen regularly by your health care provider.

Who should not take Ziagen?

Do not take Ziagen if you have ever had a hypersensitivity reaction (a serious allergic reaction) to Ziagen. In such cases, you should return all of your unused Ziagen to your doctor or pharmacist for proper disposal.

How should I take Ziagen?

Take Ziagen exactly as your doctor prescribes it.

The usual dosage for adults (at least 16 years of age) is one 300-mg tablet twice a day.

Adolescents and children from 3 months to 16 years of age can also take Ziagen™ (abacavir sulfate) Tablets and Oral Solution. Your doctor will tell you if the oral solution or tablet is best for your child.

Also, your child's doctor will decide the right dose based on your child's weight and age. Ziagen has not been studied in children under 3 months of age.

Ziagen can be taken with food or on an empty stomach.

To help make sure that your anti-HIV therapy is as effective as it can be, be very careful to take all of your medication exactly as your doctor prescribed it and do not skip any doses.

If you miss a dose of Ziagen, take the missed dose immediately. Then, take the next dose at the regularly scheduled time.

When your supply of Ziagen and other anti-HIV drugs starts to run low, get more from your doctor or pharmacy. It is very important that you take anti-HIV drugs as prescribed by your doctor because the amount of virus in your blood may increase if one or more of the drugs is stopped, even for a short time.

What should I avoid while taking Ziagen?

Ziagen has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex while using Ziagen. Do not use or share dirty needles.

Talk to your doctor if you are pregnant or if you become pregnant while taking Ziagen. Ziagen has not been studied in pregnant women and the risk to the unborn child is not known.

Mothers with HIV should not breastfeed their infants because HIV in the breast milk can be passed to the infant.

What are the possible or reasonably likely side effects of Ziagen?

Some people have had a hypersensitivity reaction (a serious allergic reaction) to Ziagen, which can be fatal. Instructions on how to recognize a possible reaction, as well as what to do if such a reaction is suspected, are discussed in the section "What is the most important information I should know about Ziagen?"

The class of medicines to which Ziagen belongs (NRTIs) can cause a condition called lactic acidosis, together with an enlarged liver. In some cases, this condition can be fatal. Women are more likely than men to experience this rare but serious side effect.

Ziagen can cause other side effects. In studies, the most common side effects with Ziagen were nausea, vomiting, malaise or fatigue, headache, diarrhea, and loss of appetite. Most of these side effects did not cause people to stop taking Ziagen. This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Ziagen. Talk to your doctor promptly about any side effects you have.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Ask a health care professional about any concerns about Ziagen. Professional labeling is available to your doctor and other health care professionals. If you want more information ask your doctor or pharmacist to let you read the professional labeling.

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Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

December 1998 MG - 001

This Medication Guide has been approved by the US Food and Drug Administration.

Patient Information about COMBIVIR® (lamivudine 150 mg/zidovudine 300 mg) Tablets

for HIV (Human Immunodeficiency Virus) Infection
Generic name: lamivudine/zidovudine tablets

Please read this information before you start taking COMBIVIR (pronounced KOM-bī-veer). Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your healthcare provider. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your healthcare provider.

What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC®] and RETROVIR® (zidovudine) Tablets [AZT], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (zī-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Yes, taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine or zidovudine.

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- A patient who weighs less than 110 pounds.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR® (lamivudine 150 mg/zidovudine 300 mg) Tablets. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breastfeeding. Mothers infected with HIV should not breastfeed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

Can COMBIVIR be taken with other medications?

Yes, COMBIVIR can be taken with most medications, including most anti-HIV drugs. Be sure to tell your healthcare provider about all medications, over-the-counter or prescription, that you are taking.

What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience.

Other Information

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

How should I store COMBIVIR Tablets?

COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.

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Transgender activists scoff at the arguments against including them in ENDA and say it is typical of the political segregation they experience from gays and lesbians.

"When the bathroom argument was raised in the fight over gays in the military, Barney [Frank] courageously denounced it as a red herring," Wilchins says. "Now he's using the same argument against the most vulnerable people in the movement." (Wilchins's group, GenderPAC, is planning to hold its fourth annual lobby effort in Washington, D.C., May 23–25, to urge representatives to include transgendered people in ENDA and the Hate Crimes Prevention Act.)

Activists say that on the local level the issue of bathrooms and showers can be easily negotiated by including language that calls on businesses to offer "reasonable accommodation." "There are so many ways to work around this," says Phyllis Randolph Frye, an attorney and transgender activist in Texas. Prejudice, not practicality, is the real obstacle, she insists. "It is a choice between political opportunism and inclusion, and ENDA is the litmus test."

But beyond political strategizing, transgendered people argue there is a deeper philosophical basis for inclusion: Gay men, lesbians, bisexuals, and transgendered people are essentially fighting the same battles against prejudice. This bond should be stronger than any difference that might separate members of the various groups.

"No one is saying that transgendered equals gay equals lesbian equals bisexual," Stuart says. "We all have our distinct identities, our distinct concerns. But what we share is more important than our differences, and that's what the larger political movement should be built upon."

As a former lesbian, Green says his years of battling discrimination with different identities has taught him that "we are all vilified in similar ways by the nonqueer world. Those who hate us don't draw distinctions. Their venom is directed against all of us. I don't think we have any choice but to stick together."■

Dahir is an editorial writer at the St. Louis Post-Dispatch.

Find more on this topic at www.advocate.com

LYNN GOLDSMITH FOR THE ADVOCATE



Guinevere Turner has some fun with gender symbols but enjoys being a woman and a lesbian.

WHEN YOUR EX WANTS TO CHANGE SEX

WHAT DOES GENDER MEAN? A FORMER GIRLFRIEND'S NEW IDENTITY MAKES ONE LESBIAN RETHINK EVERYTHING BY GUINEVERE TURNER

My good friend and ex-girlfriend told me recently that she had decided (after thinking about it for ten or 15 years) that she wanted to become a he. Normally an incredibly private person who won't even tell me what errands she ran on a given day, she has given me permission to write about her—or at least my perspective on her decision—on two conditions: One is that I don't use her real name (neither the old one nor the new one), and the other is that I refer to her as he. He. There it is. This marks the first time I have used it. It feels weird.

My first thought when he told me was, *Oh, no, I shouldn't have moved away. He got really lonely.* What I said out loud was, "Do you think you'd be doing this if you had a girlfriend right now?" Ha said having a girlfriend would just be an excuse to postpone it. I thought, *This is a person who got nine tattoos when he was young and now hates them.* But I didn't say it out loud. It was the beginning of my understanding how to be a useful person to him; the fact that he was telling me did not mean he wanted to be talked out of it. On the contrary, the fact that he was telling me meant that it was really happening. I took a deep breath: "Does this make me a tranny chaser?" He laughed for the first time in our conversation.

A long time ago, when I first started dating him, I told him that I thought his given name, a distinctly feminine one, didn't suit him. He wholeheartedly agreed. We brainstormed on guys' names for a while, one of which eventually stuck, but here I will call him Chad because that was the silliest one we came up with, and I know it will make him laugh when he reads this, and he has been pretty serious lately.

I went out with Chad for two years, maybe three. I knew he was uncomfortable with being called a lesbian, but so am I—it's just a yucky word. When we first met I joked with him, "So, would you call yourself butch?" And he looked so uncomfortable and said no in such a way that made me realize that this was someone who felt truly in between and that I should tread lightly. In fact, all of the significant relationships in my life have been with women who wear men's underwear and are mistaken for 13-year-old boys. The fact that one has decided to become a man reverberates back to my gender identity, and one of my first thoughts is, selfishly, *What does that make me?*

I have to start to answer this question by searching for any signs of gender dysphoria in my own life. I wanted to be a boy at 9 for about a week when they wouldn't let me go "catfishing" with them, than again at 14 when I realized how unlikely it was that I would ever become the president of the United States. In college I attempted to look like a boy for about a year, but I think I liked the idea of it more than the actuality of it, and besides, I wasn't really pulling it off. What's clear now is that whatever my frustration with woman's position in the world, I am so far away from actually changing my body that part of my initial reaction to Chad's decision was fear. It just seems so drastic. I mean, what if you change your mind?

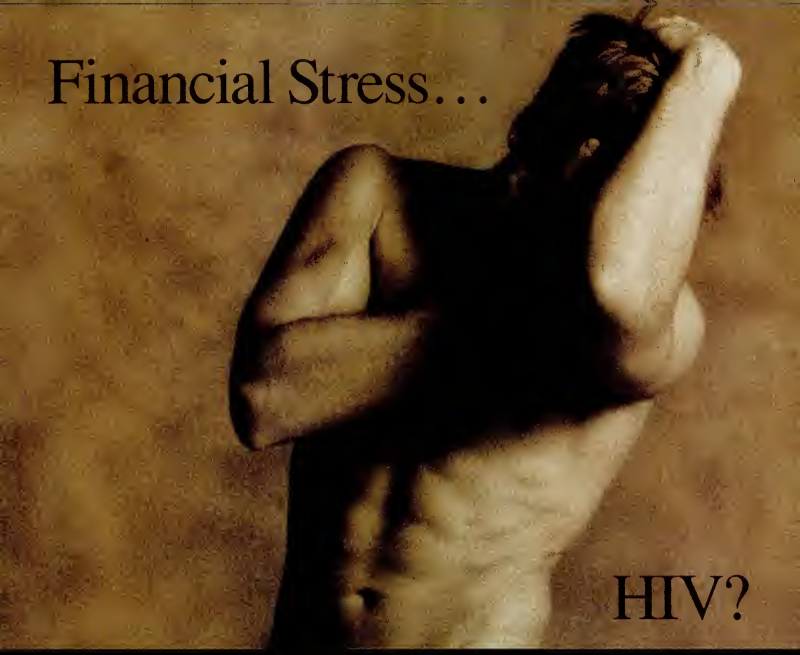
Chad says he has wanted this for most of his life—and that he realized that only fear had prevented him from acting on that desire. Which means that he has always assantially been a man, which means I was in a relationship with a man, right? He was terrified when he finally told his parents. His dad said he had been expecting Chad to say this for a very long time, and his mem said, "You knew, I look at the girls I work with (she works with praschoolers), and I look at the things they de, and I think, *Chad never did that. Chad never danced around in her macaroni necklace.*"

Macaroni necklace? What are the things that paepla latch on te te understand an individual's gender? And why is it that when we meet someone the first thing we assess in order te relate te them is whether they are male or female? We cling to gender almost desperately, panicking when it is ambiguous or complicatad, simply because we are somehew implicated in the confusion. Chad is simply Chad, semeone I have loved and will continue te leve regardless of surgeries or hormone shets. Would I date Chad if I met him as Chad in two years, fully a man? Heck, I don't knew. I guess I can only hope thet I will always have an epan enough mind net te limit my life's experiences because of fixed ideas about things that are obviously fluid.

I was skeptical about Chad's decision at first, but now I can see the relief in his eyes, in his smile, and in the way he carries himself. And although he is not thrilled about answering questions about genitals, since it's not in his nature te talk about such things anyway, I sense that he has a renewed sense of his own strength, that he is proud he has the guts, finally, te talk about it at all.

Courage is contagious. This has been a coming-out procoss for Chad, and it is inspiring to be around. He got his first hormone shot last week, and when I askad what the effect would be, he said, "I'll pretty much have a full beard by the time I get back downtown." For a second I believed him, and then we both burst out laughing, and I decided that I am very lucky te have Chad in my life.

Turner, a screenwriter and actor, is cowriter of the upcoming film American Psycho.



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THE HIDDEN HATE EPIDEMIC

TRANSGENDER: A SPECIAL ADVOCATE REPORT

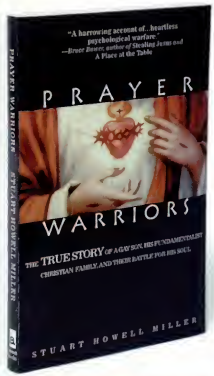
VIOLENCE AGAINST THE TRANSGENDERED IS WIDESPREAD, BRUTAL—AND OFTEN UNNOTICED

BY LISA MEYER

In November, about a month after 21-year-old Matthew Shepherd was pistol-whipped and lashed to a fence on a rural Wyoming road in subfreezing temperatures, Rita Hester, a 34-year-old transgendered woman in Allston, Mass., was stabbed some 20 times in the chest. Just before New Year's Eve, Vianna Faye Williams, a 36-year-old preoperative transsexual in Jersey City, N.J., was stabbed nine times in her back, neck, and chest. In January, Donald Fuller, an 18-year-old cross-dresser who went by the name Lauryn Paige, was found stabbed with his throat cut in a patch of woods in Austin. In February, Houston police reported that an unknown man wearing women's clothing was shot several times in a motel parking lot. In March, Tracey Thompson, a 33-year-old transgendered woman, was beaten on a Georgia country road.

All died.

Major newspapers and networks across the nation are still reporting what happened to ▶



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Matthew Shepherd. Thompson did not even make the Atlanta papers.

"Which kinds of bodies count when they are bashed?" asks Riki Wilchins, executive director of GenderPAC, a gender education and advocacy group. "If a man who happens to be gay is beaten to death on a Texas highway, the straight and queer media and the Human Rights Campaign are all over that—unless it turns out that the man was wearing items of women's clothing. That story will not get reported."

Indeed, the recent wave of attention to hate crimes has not included the transgendered. Recently, President Clinton endorsed the Hate Crimes Prevention Act, a federal bill outlawing offenses based on real or perceived sexual orientation, gender, and disability. But transgender activists fear that without explicit mention transsexuals will not be covered by the legislation.

Activists say that violence against transgendered people goes largely unnoticed, both by authorities and the press. "In general, there is a lack of coverage and a lack of awareness in a lot of people—mainstream media, gay, lesbian, and bisexual people and our straight allies—about violence against the transgendered community," says Winnie Stachelberg, political director of the Human Rights Campaign. "It is a difficult thing to address because, for all communities, hate crimes are traditionally underreported. Certainly for the gay, lesbian, bisexual community that is true. For the transgendered community it is even more true."

According to the National Coalition of Anti-Violence Programs, the number of attacks reported nationwide in 1998 by transgendered individuals increased 49%. The number of victims who were male-to-female transgendered increased from 98 to 148, and the number of female-to-male victims increased from ten to 13. The total figures represent only a small fraction of all hate crimes reported.

Kerry Lobel, executive director of the National Gay and Lesbian Task Force, says that even though an increasing number of the more horrific hate crimes against transgendered individuals have reached the media over the last year, "countless others are ignored."

Carrie Davis, a counselor at the Gender Identity Project at the Lesbian and Gay Community Services Center in

New York City, offers one reason for the invisibility: The identity of a transgendered victim is often erased when police process the crime. Ignorant of the complex gender identifications and sexual orientations of transsexuals, authorities often say that a man in a dress is gay. They do not realize that the transgendered population includes people who are gay, straight, and bisexual.

"This broad spectrum confuses people both inside and outside of the queer community," says Kim Ribbans, communication director of Trans=Action, a statewide gender education and advocacy group in Georgia. And such confusion makes many transgendered people uncomfortable with organizations—including antiviolence projects—that are supposed to represent them.

"There is a lack of understanding about the concerns and unique needs of the transgendered community," says Stachelberg, "and that unfortunately contributes to a lack of trust on the part of the transgendered community to come forward and tell their stories."

Davis offers another reason for the invisibility. Because many transgendered people have trouble finding employment, they must resort to sex work, and some mainstream and gay media consider prostitutes too unsavory to cover.

That contrasts sharply with the image of victims of high-profile gay bashings. "In many ways Shepherd was the ideal victim," says Dave Shannon, senior advocate in the Violence Recovery Program of the Fenway Community Health Center in Boston. "He was a young, white, privileged gay male—somebody whom many could identify with."

Meanwhile, transgendered people must rely on members of Congress to declare during the debate of the Hate Crimes Prevention Act that the phrase "real or perceived gender" includes them. Lobbyists for the bill believe that if it explicitly mentioned the transgendered, Congress would not pass it. This, Ribbans says, is "because most people don't know about transgendered people"—even if they are victims of a hate crime. ■

Meyer is a regular contributor to the Los Angeles Times.

Find more on this topic at www.advocate.com

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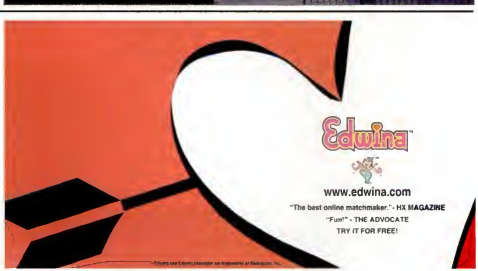


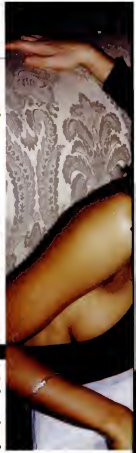
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TRANSGENDER: A SPECIAL ADVOCATE REPORT

WITH REASSIGNMENT SURGERY EXPENSES AS HIGH AS $50,000, SOME TRANSSEXUALS MUST DECIDE BETWEEN WHAT THEY NEED AND WHAT THEY CAN AFFORD

BY TODD SAVAGE

Some people sock money away in a 401k to buy a home or save for retirement. Over the five years she worked for a Chicago-area electronics corporation, Rachael Zuniga amassed a nest egg of $20,000. Now she's used her savings to cover the bill for the gender-reassignment surgery she had scheduled for May 4.

Zuniga is one of the lucky ones. She's cleared one of the biggest hurdles in making a gender-related transition. "Otherwise, I couldn't afford it," says Zuniga, who now works as an administrative assistant at Howard Brown Health Center, a gay and lesbian community health agency in Chicago.

But there have been some lean times. Zuniga, who was born a biological male, estimates that since she started making the transition a few years ago, her credit card bills have topped $15,000. She had 200 hours of electrolysis—costing from $30 to $65 per hour—to eliminate facial hair. Since her insurance didn't cover the cost, she says, she could afford the treatments only by putting gas, rent, and other living expenses on a credit card.

"There were times that I didn't eat properly for a few months [and times] I paid less money on bills than I should have," Zuniga says. "I ended up going a lot into debt because this was so important. I'm going to spend 20 years paying off what I've already spent."

Before they invest any money in health care, transsexuals such as Zuniga often spend years, even decades, of their lives sorting out the complex internal and social issues associated with their gender identification. But once they've grown to understand themselves, told their families and friends, and begun living as their self-identified gender, they also must be prepared to face enormous medical expenses.

"It's another thing that makes you feel way out there and isolated and alone," says Michael Munson, a female-to-male transsexual computer consultant living in Milwaukee. "It adds to that feeling of isolation."

For most, that means going it alone to pay for the treatments and surgeries themselves. That's because most insurers do not provide reimbursement for transsexual surgeries, which they consider elective—"even though you may be ready to blow your brains out because your body doesn't match your brains," says Alex Dionne, a female-to-male transsexual who lives in Cambridge, Mass., and who asked that his real last name not be used to protect his family's privacy.

The cost of transition-related health care includes a wide range of services and treatments. Male-to-female transitions can cost anywhere from $18,000 to $35,000, while female-to-male reassignments are far more expensive since a phalloplasty (in which a phallus is created, typically from the patient's forearm tissues) alone can run up to $50,000. Other services include psychotherapy, hormone treatments, and a variety of surgeries. Add to that other incidental expenses for everything from legally changing one's name (about $200, depending on the state) to buying a new wardrobe (one female-to-male patient needed to replace $2,000 worth of boots when, according to him, his feet grew because of hormone therapy).

Insurers typically pick up the cost of psychotherapy, and doctors are usually able to get reimbursed for hormone treatments—but only because they are deliberately vague in reporting their purpose. One doctor who sees many patients for hormone therapy refuses press interviews because, according to an assistant, he fears his records may be scrutinized.

Activists are divided over the best way to proceed with lobbying for access to reimbursement for transsexuals' medical care. Some advocates would like to shift the debate from the psychiatric arena to the medical field by pushing for the American Psychiatric Association to end its classification of gender identity disorder as a psychiatric problem. While that may provide better footing in achieving broader civil rights for transgendered people, it also could un-



For Dee Teixeira (left) and Alex Dionne, expensive reassignment surgical procedures are a necessary means of bringing the body into alignment with the mind.

TEIXEIRA: COURTESY JOE LANDRY; DIONNE: GRETA SCHATZ FOR THE ADVOCATE

dermine their ability to make progress with insurers, advocates say.

Alejandro Daviko Marcel, director of the Transgender Education Network, a state-funded agency in Boston, says he has never heard of an insurance company paying for reassignment surgery. In fact, he says, he would advise pre-op transsexuals to consider carefully the repercussions of asking an insurer to pay for anything related to their transition, even if their doctor doesn't specify the reason for the treatment.

"It really puts your health credentials on the line with insurance companies," Marcel says. "If the insurance company covers it, then from there on you're marked as someone who's had this surgery, and everything that follows, healthwise, will be under question [as to] whether it relates to sex-reassignment surgery."

In February the state of Oregon decided against adding sex-change procedures to the list of approved health services covered under the state's health plan for the poor. Transgender advocates had urged the Oregon health services commission to extend coverage to include the procedure, but the state panel ruled that there was no good evidence showing that sex-reassignment surgery improves patients' mental and emotional well-being or socioeconomic status or that it reduces the incidence of suicide attempts among transsexuals.

"I'm hoping that some day in the very near future, insurance companies will relent," Zuniga says. Until such a breakthrough, transsexuals will have to rely on their own means of support to pay for their health care. Many people find it a tough emotional strain when they know surgery is available but can't afford it. The costs play a crucial factor in determining the amount of surgery an individual can have done and when those procedures can be completed.

Some must wait and thereby make adjustments in their lives. Munson points to a friend who works a low-wage job in a café and can't afford surgery. The friend, a female-to-male transsexual, tries to disguise his breasts by binding them, wearing dark colors, and adopting a slumped-over posture. Munson, however, who founded a female-to-male support group in Chicago called For Ourselves: Reworking Gender Expression, says he's a strong advocate for people's "evaluating what's necessary in their lives, what they want to do with their bodies versus what they need to do with their bodies." After taking hormones and having surgery to remove breast tissue, the friend has decided to live with his body as it is now.

Munson suggests other paths for people who don't have the money or don't want to spend it. "We spend a lot of time thinking about men and women, ▶

HOW IT'S DONE

Sex-reassignment surgery can include a series of many difficult and expensive procedures. While being a transsexual does not require that all (or any) of these surgeries be performed, the following reassignment surgery procedures are options for transsexuals:

MALE-TO-FEMALE

> VAGINOPLASTY: Involves removing the testicles and the inside of the penis and then inverting the penis skin to create a vagina.

> ADAM'S APPLE SHAVING: Surgery done under local anesthesia to decrease the size of the Adam's apple.

> VOICE SURGERY: Procedure that scars the vocal chords to modify the voice's pitch.

> BREAST AUGMENTATION: Saline-filled implants are inserted under the existing breasts.

FEMALE-TO-MALE

> BILATERAL MASTECTOMY: The removal of breast tissue and reduction of nipple size to form a male chest.

> PHALLOPLASTY: Construction of a penis using skin, nerves, veins, and arteries from other parts of the patient's body. The labia may be used to construct the scrotum. Clitoral nerves are usually preserved and may eventually grow into the new penis. Testicular implants and implants to obtain an erection can be inserted in subsequent procedures. Urethral extension is also possible.

> METAIDIOPLASTY: An individual whose clitoris responds sufficiently to testosterone may have the clitoris released from its hood and the shaft "finished" along the bottom side, completing the foreskin. The resulting small penis is also raised about one centimeter forward on the body. The labia are also raised and fused in the center to form the scrotum through use of testicular implants. This procedure retains natural erectile capacity. The patient can elect to have the vaginal cavity closed and/or the urethra extended through the penis.

> HYSTERECTOMY/OOPHORECTOMY: The removal of female reproductive organs and gonads.

—Jon Barrett

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References: 1. CAESAR Coordinating Committee. Randomised trial of addition of lamivudine or zalcitabine plus zidovudine to zidovudine-containing regimens for patients with HIV-1 infection: the CAESAR trial. *Lancet* 1997; 349:1413-1421. **2.** Hammer SM, Squires KE, Hughes MD, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. *N Engl J Med* 1997;337:725-733.

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Please see brief summary for Combivir on adjacent page.

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BRIEF SUMMARY

COMBIVIR® Tablets (lamivudine/zidovudine tablets)

The following is a brief summary only; see full prescribing information for complete product information.

WARNING: ZIDOVUDINE, ONE OF THE TWO ACTIVE INGREDIENTS IN COMBIVIR, HAS BEEN ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING NEUTROPENIA AND SEVERE ANEMIA, PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS). PROLONGED USE OF ZIDOVUDINE HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY.

LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING ZIDOVUDINE AND LAMIVUDINE (SEE WARNINGS).

INDICATIONS AND USAGE: COMBIVIR is indicated for the treatment of HIV infection.

Description of Clinical Studies: COMBIVIR: There have been no clinical trials conducted with COMBIVIR. See CLINICAL PHARMACOLOGY for information about bioequivalence. One COMBIVIR Tablet given twice a day is an alternative regimen to EPIVIR Tablets 150 mg twice a day plus RETROVIR 600 mg per day in divided doses.

Lamivudine Plus Zidovudine: The NUCB3017 (CAESAR) study was conducted using EPIVIR 150-mg Tablets (150 mg b.i.d.) and RETROVIR 100-mg Capsules (2 x 100 mg t.i.d.). CAESAR was a multicenter, double-blind, placebo-controlled study comparing continued current therapy (zidovudine alone (62% of patients) or zidovudine with didanosine or zalcitabine (38% of patients)) to the addition of EPIVIR 150 mg plus an investigational non-nucleoside reverse transcriptase inhibitor, randomized 1:2:1. A total of 1816 HIV-infected adults with 25 to 250 (median 122) CD4 cells/mm³ at baseline were enrolled; median age was 36 years, 87% were male, 84% were zidovudine-experienced, and 16% were therapy-naive. The median duration on study was 12 months. Results are summarized in Table 1.

Table 1: Number of Patients (%) With At Least One HIV Disease-Progression Event or Death

Endpoint	Current Therapy (n = 460)	EPIVIR plus Current Therapy (n = 896)	EPIVIR plus a NNRTI* plus Current Therapy (n = 460)
HIV progression or death	90 (19.6%)	86 (9.6%)	41 (8.9%)
Death	27 (5.9%)	23 (2.6%)	14 (3.0%)

*An investigational non-nucleoside reverse transcriptase inhibitor not approved in the United States.

CONTRAINDICATIONS: COMBIVIR Tablets are contraindicated in patients with previously demonstrated clinically significant hypersensitivity to any of the components of the product.

WARNINGS: COMBIVIR is a fixed-dose combination of lamivudine and zidovudine. Ordinarily, COMBIVIR should not be administered concomitantly with other lamivudine or zidovudine.

The complete prescribing information for all agents being considered for use with COMBIVIR should be consulted before combination therapy with COMBIVIR is initiated.

Bone Marrow Suppression: COMBIVIR should be used with caution in patients who have bone marrow compromise evidenced by granulocyte count <1000 cells/mm³ or hemoglobin <9.5 g/dL (see ADVERSE REACTIONS).

Frequent blood counts are strongly recommended in patients with advanced HIV disease who are treated with COMBIVIR. For HIV-infected individuals and patients with anemia/neutropenia or early HIV disease, serial blood counts are recommended.

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination, including zidovudine and lamivudine. A majority of these cases have been in women. Caution should be exercised when administering COMBIVIR to any patient, and particularly to those with known risk factors for liver disease. Treatment with COMBIVIR should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or hepatotoxicity.

Myopathy: Myopathy and myositis, with pathological changes similar to that produced by HIV disease, have been associated with prolonged use of zidovudine, and therefore may occur with therapy with COMBIVIR.

PRECAUTIONS:

General: Reduction of dose of lamivudine is recommended for patients with low body weight (less than 50 kg or 110 lb); therefore patients with low body weight should not receive COMBIVIR.

Patients With HIV and Hepatitis B Virus Coinfection: In clinical trials and postmarketing experience, some patients with HIV infection who have chronic liver disease due to hepatitis B virus infection experienced clinical or laboratory evidence of recurrent hepatitis upon discontinuation of lamivudine. Consequences may be more severe in patients with decompensated liver disease.

Patients With Impaired Renal Function: Reduction of the dosages of lamivudine and zidovudine is recommended for patients with impaired renal function. Patients with creatinine clearance ≤50 mL/min should not receive COMBIVIR.

Information for Patients: COMBIVIR is not a cure for HIV infection and patients may continue to experience illnesses associated with HIV infection, including opportunistic infections. Patients should be advised that the use of COMBIVIR has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Patients should be informed that the major toxicities of COMBIVIR are neutropenia and/or anemia. They should be told of the extreme importance of having their blood counts followed closely while on therapy, especially for patients with advanced HIV disease. Patients should be advised of the importance of taking COMBIVIR as it is prescribed.

Drug Interactions: Coadministration of pancytotoxic interferon alpha, and other bone marrow suppressive or cytotoxic agents may increase the hematologic toxicity of zidovudine (see CLINICAL PHARMACOLOGY section of full prescribing information).

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenicity:

Lamivudine: Lamivudine long-term carcinogenicity studies in mice and rats showed no evidence of carcinogenic potential at exposures up to 10 times (mice) and 58 times (rats) those observed in humans at the recommended therapeutic dose.

Zidovudine: Zidovudine was administered in clinical trials to separate groups of mice and rats (60 females and 60 males in each group). Initial single daily doses were 30, 60, and 120 mg/kg per day in mice and 80, 220, and 600 mg/kg per day in rats. The doses in mice were reduced to 20, 30, and 40 mg/kg per day after day 90 because of treatment-related anemia, whereas in rats only the high dose was reduced to 450 mg/kg per day on day 91 and then to 300 mg/kg per day on day 279.

In mice, seven late-appearing (after 19 months) vaginal neoplasms (five nonmetastasizing squamous cell carcinomas, one squamous cell papilloma, and one squamous polyp) occurred in animals given the highest dose. One late-appearing squamous cell papilloma occurred in the vagina of a middle-dose animal. No vaginal tumors were found at the lowest dose.

In rats, two late-appearing (after 20 months), nonmetastasizing squamous cell carcinomas occurred in animals given the highest dose. No vaginal tumors occurred at the low or middle dose in rats. No other drug-related tumors were observed in either sex of either species.

At doses that produced tumors in mice and rats, the estimated drug exposure (as measured by AUC) was approximately three times (mouse) and 24 times (rat) the estimated human exposure at the recommended therapeutic dose of 100 mg every 4 hours.

Two transplacental carcinogenicity studies were conducted in mice. One study administered zidovudine at doses of 20 mg/kg per day or 40 mg/kg per day from gestation day 10 through parturition and lactation with dosing continuing in offspring for 24 months postnatally. The doses at zidovudine employed in this study produced zidovudine exposures approximately three times the estimated human exposure at recommended doses. After 24 months, at the highest dose, an increase in incidence of vaginal tumors was noted as well as an increase in tumors in the liver or lung or any other organ in either gender. These findings are consistent with results of the standard oral carcinogenicity study in mice, as described earlier. A second study administered zidovudine at maximum tolerated doses of 12.5 mg/day or 25 mg/day (~1000 mg/kg/day nonpregnant body weight/~ 400 mg/kg/day at both weights) to pregnant mice from days 12 through 18 of gestation. There was an increase in the number of tumors in the lung, liver, and female reproductive tracts in the offspring of mice receiving the higher dose level of zidovudine.

It is not known how predictive the results of rodent carcinogenicity studies may be for humans.

Mutagenicity: Lamivudine: Lamivudine was negative in a microbial mutagenicity screen, in an in vitro cell transformation assay, in a rat micronucleus test, in a rat bone marrow cytogenetic assay, and in an assay for unscheduled DNA synthesis in rat liver. It was mutagenic in a L5178Y/TK+/- mouse lymphoma assay and clastogenic in a cytogenetic assay using cultured human lymphocytes.

Zidovudine: Zidovudine was mutagenic in a L5178Y/TK+/- mouse lymphoma assay, positive in an in vitro cell transformation assay, clastogenic in a cytogenetic assay using cultured human lymphocytes, and positive in mouse and rat micronucleus tests after repeated doses. It was negative in a cytogenetic assay in mouse bone marrow in a single dose.

Impairment of Fertility: Lamivudine: In a study of reproductive performance, lamivudine, administered to male and female rats at doses up to 130 times the usual adult dose based on body surface area considerations, revealed no evidence of impaired fertility (judged by conception rates) and no effect on the survival, growth, and development to weaning of the offspring.

Zidovudine: Zidovudine, administered to male and female rats at doses up to 7 times the usual adult dose based on body surface area considerations, had no effect on fertility judged by conception rates.

Pregnancy: Pregnancy Category C

COMBIVIR: There are no adequate and well-controlled studies of COMBIVIR in pregnant women. Reproduction studies with lamivudine and zidovudine have been performed in animals (see Lamivudine and Zidovudine sections below). COMBIVIR should be used during pregnancy only if the potential benefits outweigh the risks.

Lamivudine: Reproduction studies with orally administered lamivudine have been performed in rats and rabbits at 130 and 60 times, respectively, the usual adult dose (based on relative body surface area) and have revealed no evidence of teratogenicity. Some evidence of early embryolethality was seen in the rabbit at doses similar to those produced by the usual adult dose and higher, but there was no indication of this effect in the rat at orally administered doses up to 130 times the usual adult dose. Studies in pregnant rats and rabbits showed that lamivudine is transferred to the fetus through the placenta.

Zidovudine: Reproduction studies with orally administered zidovudine in the rat and in the rabbit at doses up to 500 mg/kg per day revealed no evidence of teratogenicity with zidovudine. Zidovudine treatment resulted in embryo/fetal toxicity as evidenced by an increase in the incidence of fetal resorptions in rats given 150 or 450 mg/kg per day and rabbits given 500 mg/kg per day. The doses used in the teratology studies resulted in peak zidovudine plasma concentrations (after one-half of the daily dose) in rats 66 to 226 times, and in rabbits 12 to 87 times, mean steady-state maximum plasma concentrations (after one-sixth of the daily dose) achieved with the recommended daily dose (100 mg every 4 hours). In an additional teratology study in rats, a dose of 3000 mg/kg per day (very near the maximum lethal dose in rats of 3665 mg/kg) caused marked maternal toxicity and an increase in the incidence of fetal malformations. This dose resulted in peak zidovudine plasma concentrations 350 times peak human plasma concentrations. No evidence of teratogenicity was seen in this experiment at doses of 600 mg/kg per day or less. Two additional teratogenicity studies were conducted in the cynomolgous, Mutagenesis, Impairment of Fertility).

Antiretroviral Pregnancy Registry: To monitor maternal-fetal outcomes of pregnant women exposed to COMBIVIR® Tablets (lamivudine/zidovudine tablets) and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers: The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV infection.

COMBIVIR: Zidovudine is excreted in breast milk (see CLINICAL PHARMACOLOGY: Pharmacokinetics: Nursing Mothers subsection of full prescribing information); however, no data are available on COMBIVIR or lamivudine. Lamivudine is a potential for adverse effects in nursing infants. **Mothers should be instructed not to breastfeed if they are receiving COMBIVIR.**

Pediatric Use: COMBIVIR should not be administered to pediatric patients less than 12 years of age because it is a fixed-dose combination that cannot be adjusted for this patient population.

ADVERSE REACTIONS:

Lamivudine Plus Zidovudine Administered As Separate Formulations: In four randomized, controlled trials of EPIVIR 300 mg per day plus RETROVIR 600 mg per day, the following selected clinical and laboratory adverse events were observed (see Tables 2 and 3).

Table 2: Selected Clinical Adverse Events (≥5% Frequency) in Four Controlled Clinical Trials With EPIVIR 300 mg/day and RETROVIR 600 mg/day

Adverse Event		EPIVIR plus RETROVIR (n = 251)
Body as a whole	Headache	35%
	Malaise & fatigue	27%
	Fever or chills	10%
Digestive	Nausea	33%
	Diarrhea	18%
	Nausea & vomiting	13%
	Anorexia and/or decreased appetite	10%
	Abdominal pain	9%
	Abdominal cramps	6%
	Dyspepsia	5%
Nervous system	Neuropathy	12%
	Insomnia & other sleep disorders	11%
	Dizziness	10%
	Depressive disorders	3%
Respiratory	Nasal signs & symptoms	20%
	Cough	18%
Skin	Skin rashes	9%
Musculoskeletal	Musculoskeletal pain	12%
	Myalgia	8%
	Arthralgia	5%

Pancreatitis was observed in three of the 656 adult patients (<0.5%) who received EPIVIR in controlled clinical trials. Selected laboratory abnormalities observed during therapy are listed in Table 3.

Table 3: Frequencies of Selected Laboratory Abnormalities Among Adults in Four Controlled Clinical Trials of EPIVIR 300 mg/day plus RETROVIR 600 mg/day*

Test (Abnormal Level)	EPIVIR plus RETROVIR % (n)
Neutropenia (ANC<750/mm³)	7.2% (237)
Anemia (Hgb<8.0 g/dL)	2.9% (241)
Thrombocytopenia (platelets<50,000/mm³)	0.4% (240)
ALT (>5.0 x ULN)	3.7% (241)
AST (>5.0 x ULN)	1.2% (241)
Bilirubin (>2.5 x ULN)	0.8% (241)
Amylase (>2.0 x ULN)	4.2% (72)

ULN = Upper limit of normal
ANC = Absolute neutrophil count.
n = Number of patients assessed.
*Frequencies of these laboratory abnormalities were higher in patients with mild laboratory abnormalities at baseline.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-approval use of EPIVIR and/or RETROVIR. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to a combination of their seriousness, frequency of reporting, or potential causal connection to EPIVIR and/or RETROVIR.

Endocrine and Metabolic: Hyperglycemia.

General: Sensitization reactions (including anaphylaxis), vasculitis.

Hepatobiliary Tract and Pancreas: Lactic acidosis and hepatic steatosis (see WARNINGS), pancreatitis.

Musculoskeletal: Muscle weakness with CPK elevation, rhabdomyolysis.

Nervous: Seizures.

Skin: Alopecia, erythema multiforme, Stevens-Johnson syndrome, urticaria.

HEPATOCAGE.

COMBIVIR: There is no known antidote for COMBIVIR.

Lamivudine: One case of an adult ingesting 6 grams of lamivudine was reported; there were no clinical signs or symptoms noted and hematology values were within normal limits. It is not known whether lamivudine can be removed by peritoneal dialysis or hemodialysis.

Zidovudine: Acute overdoses of zidovudine have been reported in pediatric patients and adults. These involved exposures up to 50 grams. The only consistently reported events were nausea and vomiting. Other reported occurrences included headache, dizziness, drowsiness, lethargy, confusion, and one report of a grand mal seizure. Hematologic changes were transient. All patients recovered. Hemodialysis and peritoneal dialysis appear to have a negligible effect on the removal of zidovudine while elimination of its primary metabolite, G(2)Y, is enhanced.

DOSAGE AND ADMINISTRATION: The recommended oral dose of COMBIVIR for adults and adolescents (at least 12 years of age) is one tablet (containing 150 mg of lamivudine and 300 mg of zidovudine) twice daily.

Dose Adjustment: Because it is a fixed-dose combination, COMBIVIR should not be prescribed for patients requiring dosage adjustment such as those with reduced renal function (creatinine clearance ≤50 mL/min), those with low body weight (<50 kg or 110 lb), or those experiencing dose-limiting adverse events.

US Patent Nos. 5,047,407; 4,818,538; 4,828,838. 4,724,232; 4,833,130; and 4,837,208

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and most of it doesn't have to do with what's between our legs and what our physical bodies are like," he says. "I think a lot of people jump through hoops thinking [surgery] is what they have to do. You can be a very healthy, very wonderful man without having genital surgery."

Many of those who pursue surgery must be financially creative. Some ask relatives and friends for help, take two jobs, or refinance a house. When his company's insurer wouldn't cover the cost of his recent chest surgery, Dionne took out a personal loan at the company's credit union. He says he plans to complete the rest of the surgeries but doesn't know how he'll pay for them. So now he's writing a screenplay about his life that he hopes to sell.

"It's kind of similar to a couple's getting ready to have a baby," Dionne says. "You go through all this financial and emotional preparation for what's to come. You really have to strategize."

Add to that the cruel irony that employment can prove another challenge for transgendered people. They may have difficulty securing a job if they are already living as their self-identified gender, or they might be fired since most civil rights laws do not protect them.

Some male-to-female transsexuals turn to prostitution. Dee Teixeira, a hairstylist in Los Angeles who is a pre-op male-to-female transsexual, says she has known people who took to the streets as a way to try to save up some money. "The next thing I know, they're strung out on drugs, they haven't saved any money, and they're in jail," she says.

Others choose to go out of the country to find lower-cost surgery. Thailand has become a popular destination for surgery, but Teixeira says some of her friends haven't been completely satisfied with the results and needed additional corrective surgeries.

In the end, people in transition say the sacrifice and the savings are well worth it. "This is something you have to do on your own," Teixeira says. "You just have to hang in there. I'm definitely going to get it done—there's nothing that's going to stop me." ■

Savage is a regular contributor to the Chicago Tribune.

Find more on this topic at www.advocate.com

DR. COMPASSION

ONE SURGEON'S WORK HAS MADE RESIDENTS OF A SMALL COLORADO TOWN EXPERTS ON TRANSSEXUALISM BY LISA NEFF

Each week two or three people take the "road to Trinidad" to meet the doctor of their dreams—Stanley Biber.

Biber is one of the world's leading gender-reassignment surgeons. His pioneering practice has drawn more than 4,000 people to the town of Trinidad, Colo., to undergo gender-reassignment surgery over the past 30 years.

Biber performed his first reassignment surgery in 1969 after a social worker, who brought her children to his office for checkups, asked, "Can you do my surgery?" Says Biber: "I said, 'Sure, what do you want done?' She said, 'I'm a transsexual.' I said, 'What is that?'"

Biber quickly learned the definition of *transsexual* and, guided by drawings supplied by a surgeon at Johns Hopkins Hospital, performed his first reassignment surgery—a penile-scrotal flap, or inversion of the organs.

In the three decades since his first operation, Biber has performed 3,800 male-to-female procedures and 350 female-to-male operations in Trinidad's 70-bed Mount San Rafael Hospital. "The grapevine is se strong," he says.

Gender-reassignment surgery accounts for only about 20% of Biber's practice, but the doctor who lacked a knowledge of transsexualism in 1969 understands very well the arduous journey his patients make.

"You develop a lot of empathy for these patients," he says. "These people have been in hiding all their life. They've been hit on the head so many times before they come here."

Biber came to Trinidad in 1954 to work at a United Mine Workers of America clinic after serving as an Army surgeon in the Korean War and at Fort Carson in Colorado Springs, Colo. "I thought I'd be here for a year or two," he recalls.

But Biber remained, building his practice, raising a family of nine children with his wife, and operating a cattle ranch. "I get out in the open country and chase my little cows around," says Biber, whose devotion to ranching is equal to his passion for surgery.

As Biber's reputation as a surgical pioneer has grown, so has the fame of Trinidad. Situated on the front wall of the Rockies about 200 miles south of Denver, Trinidad emerged as a wild cattle town in 1842. Today, with a popula-

BRETT ANDLE



Surgeon Stanley Biber, king of the sex-change capital of the world

tion of about 9,000, Trinidad is still the Old West. Brochures promote the town as "a pocket of peace, plentiful clean air, and pure Western Americana."

But Trinidad also is known as the "sex-change capital of the world." Biber chuckles at this moniker as well as the nickname so many of his patients adopt for themselves—"Biber girls." "That doesn't emanate from us," he says of the nicknames. He then asserts that Trinidad is not ashamed of his work or its contemporary claim to fame.

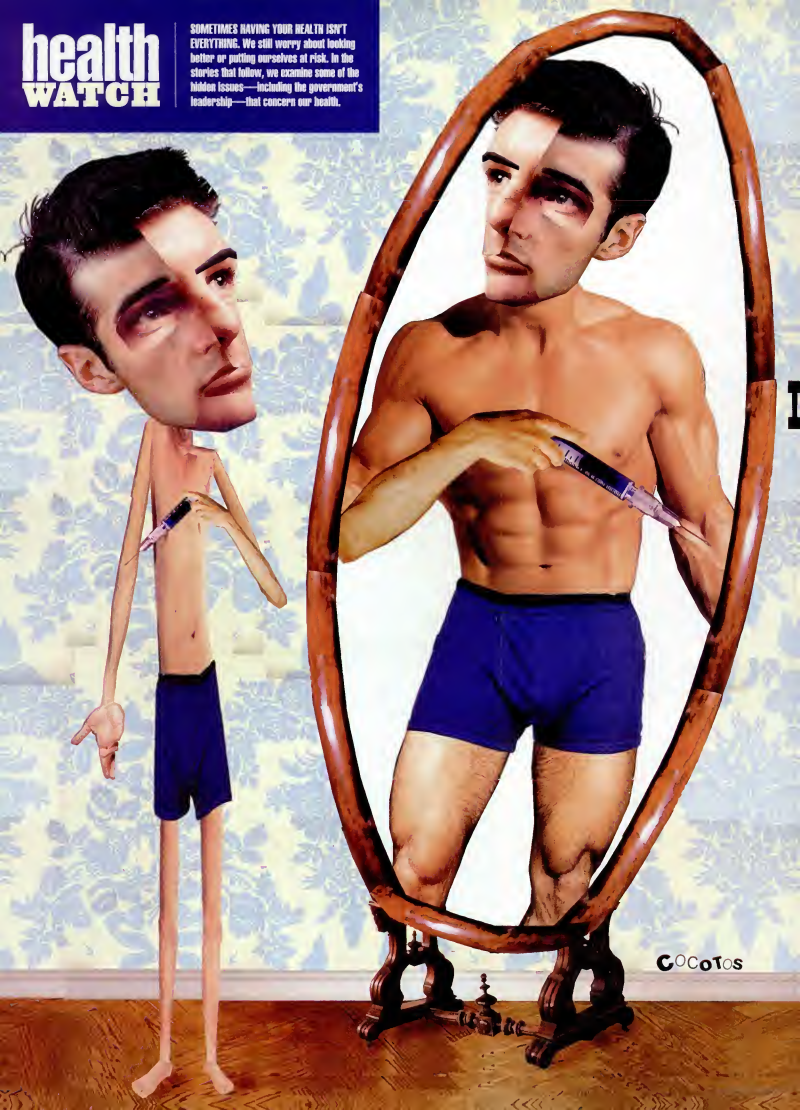
"My people are so sophisticated," Biber boasts of Trinidadians. "They're all experts on transsexualism. They understand better than anybody in the world because they live with these people. The understanding came from exposure."

Neff is national news editor at Chicago's Windy City Times.

Find more on this topic at www.advocate.com

health WATCH

SOMETIMES HAVING YOUR HEALTH ISN'T EVERYTHING. We still worry about looking better or putting ourselves at risk. In the stories that follow, we examine some of the hidden issues——including the government's leadership——that concern our health.



Foul Shot

Are steroids a shortcut or a deadly detour in the pursuit of the perfect body? By Christian Walker

In her book *The Beauty Myth*, Naomi Wolf explained how Western culture has pressured women into maintaining the body beautiful, often at a high cost. So Cher has a scapegoat. But who are her legions of gay male fans going to blame?

It seems the quest for that perfect body has taken a disturbing turn, as experts point out what watchful eyes already suspected. Steroids—which catapulted into the public consciousness during the 1980s with revelations of their use by high-profile athletes—are making a comeback.

Of course, in the case of combating AIDS, the muscle-building drugs can be beneficial, replenishing testosterone levels in order to fight fatigue, weight loss, and low sex drive. But health experts say abuse, even among this group, is widespread.

"There is unquestionably an increased use of steroids in the gay community that has been legitimized somewhat by usage in the latter stages of AIDS cases," says R. Scott Hitt, MD, chairman of the Presidential Advisory Council on HIV/AIDS. "But it helps only in the cases where testosterone levels are low."

Doctors can legally prescribe steroids—which do nothing to restore a weakened immune system—but Hitt says many are encouraging HIV-positive patients who have normal amounts of testosterone to use the drugs even when they're unnecessary.

Some patients who have a legitimate reason to use steroids are requesting double their necessary dosage, he says. "Some of them do it just because they want to get bigger; others will get it and sell it to their friends who are bodybuilders or whatever."

For most the rationale is, with rare exceptions, physical. Now more than ever, a beer gut and a gay bar don't mix. And the desperation for abs of Fort Knox only increases when people realize the silhouette they crave can be more easily achieved with a few weekly injections.

"I started going to this personal trainer who had just an impeccable body," says Paul Prusas, a 32-year-old corporate sales executive in Atlanta. "And so he put me on this program and told me I could have the same body he did if I worked out hard enough. One day I was talking to his assistant, and he's telling me that I'll never have a body like that because [the trainer] uses steroids.

"There seem to be more and more people who have adopted the motto of 'don't drink, do drugs, and have a great body,'" says Prusas, who decided against taking steroids. "But you wonder how you can live that kind of life and maintain that kind of body."

Prusas is referring to the "circuit party" scene, which includes after-hours clubs filled every weekend with barbarianesque physiques (and cases of bottled water). It's no secret that the use of mind-altering drugs such as crystal meth and ecstasy are widespread among those who frequent these nightspots.

Indeed, living a lifestyle that keeps you up all weekend doesn't square with having a body that would appear to need hours of daily gym maintenance. In some ways steroids are seen as insurance for those unable to handle two hours of working out on the Monday morning after, say, the White Party. But in most cases the drugs' renewed popularity is fueled by frustration.

Cedric, a West Hollywood, Calif., resident who did not want his real name used, recently began his first "'roid cycle" after noticing that a few of his friends with similar workout regimens were building muscle mass at seemingly twice the rate he was. When Cedric, who is in his mid 20s and has a naturally sculpted physique (he's just over six feet tall with a 31-inch waist) discovered they were supplementing their weight training with steroids, he concluded the risk was worth the results.

"It seems like more people are doing it, and no one seems too worried about it," says Cedric, an aspiring actor. While he is aware of the more obvious side effects—acne, decrease in testicular size—he believes taking such a crooked pathway to achieve the masculine ideal beats the alternative. But he concedes, "It's embarrassing to admit, and I don't think anyone feels great about doing them."

The potential damage steroids can do to a body is far more serious than pockmarks and shrunken testicles. According to Hitt, "Dramatic mood swings are commonly associated with steroid use, and long-term effects include serious liver problems."

Hitt also is concerned about what is not known about the drugs. Medical studies have been rare, and, with widespread use of steroids a relatively new phenomenon, he says it is impossible to gauge what other damage can result from their abuse.

"We do know about hormones and the delicate balance between too much thyroid and too little," he says. "The same with insulin. It's hard for me to believe it would be OK to mess around with your testosterone level like this."

But it doesn't look like the drugs' popularity will abate any time soon. Law enforcement agencies haven't made halting steroid trafficking a priority, Hitt says, and, as with the crystal-meth trade, stopping it altogether would be difficult.

"The whole scene is becoming more hard-core," Prusas says. "You just wonder when this party is going to come crashing down." ■

Walker is a Los Angeles–based freelance writer.

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After her diagnosis, Phyllis Marks found little information about HIV and lesbians.

DAVID HOWELLS-SIPA FOR THE ADVOCATE

Between women

Activists hope for answers from the first federal study of lesbian transmission of HIV

By Sue Rochman

When Phyllis Marks was diagnosed with HIV in 1986, she knew no other HIV-positive lesbians. And when she finally met a woman who was still interested in being involved with her after learning she was HIV-positive, they had very few places to turn for information on lesbian safer sex.

"I remember going to a lecture on safer sex at Community Health Project in New York with a tape recorder because I was so nervous about getting all the information that I could," Marks recalls. "But there was very little information on how to have sex with another woman. And my lover and I had to be very creative. When we had sex we tried everything from various size embroidery hoops with dental dams and Saran Wrap to finger cots and condoms to make sure we were safe."

Thirteen years later Marks, 56, may finally get the information she needs. In May data will begin to be collected for the first research project funded by the Centers for Disease Control and Prevention on HIV-positive lesbians and other women who have sex with women. Furthermore, the study is the first designed to use a virus-matching technique to identify possible cases of female-to-female transmission.

"From what we've heard from people who work with these women, there are women who really think they were infected by or infected a female partner," says Kathleen Ethier, an associate research scientist at Yale University who is heading the study. "Yet the idea that HIV can be transmitted between women has been discounted for so long and continues to be discounted."

Lesbian-health activists have advo- ▶

cated for increased research on HIV transmission between women since the start of the AIDS epidemic, and their efforts led the CDC to host the historic Lesbian HIV Issues Meeting in 1995. That conference as well as the HIV Epidemiologic Research Study on HIV-positive women, which found a higher than expected number of women who have had sex with women, laid the groundwork for Ethier's study.

"People were blown away by the results of the HERS study," says Meaghan Kennedy, an epidemiologist in the Division of HIV/AIDS Prevention at the CDC. Kennedy assisted Ethier and an advisory committee composed of lesbian-health advocates and HIV researchers in designing the new study.

"The data showed that 18% of these women—one in five—reported same-sex contact. And even though this is a select group of urban women who are HIV-positive, that number was much higher than anyone ever expected."

In terms of statistics the course of the epidemic suggests that the risk of female-to-female transmission is small. Though at least five possible cases of woman-to-woman transmission have been reported by physicians since 1984, none have been confirmed through virus matching to determine if the strain of one virus passed to another is genetically identical. Such evidence would be definitive proof of transmission.

"Almost everyone at this point would agree that HIV is not easily transmissible between women," Kennedy says, "but I think that it is possible. And with this study, with the use of blood samples, we will be able to determine if it is very likely that two women share the same virus. And whether we find one case or five, we will have answered the same question."

Lesbian-health activists and some researchers believe that the CDC's overall method of tracking transmissions—which has never included a category for female-to-female transmission—has probably led to misclassification and thus underreporting of female-to-female cases.

"The CDC's surveillance method wasn't designed to find cases that don't happen a lot," Kennedy says. "Surveillance is based on a hierarchy of probability that you were infected this way if you engaged in this behavior. So the fact that we haven't found them there isn't a big surprise."



"I think that there is still a lot of fear in the lesbian community about having sex with a woman who you know is HIV-positive."

—PHYLLIS MARKS

DAVID HOWELLS/SIPA FOR THE ADVOCATE

Since so little is known about HIV transmission risk between women, Ethier's study will also look at all types of sexual behaviors HIV-positive lesbians and other women who have sex with women engage in. In addition, her research will examine whether and to what extent women are using safer-sex methods. "Most HIV-positive women are in the dark about what is safe," Ethier says. "And they've had to make up guidelines as they go along."

Lesbian-health advocates and lesbian-health researchers agree that the CDC's decision to fund this study is a huge accomplishment. "It's really important that the CDC is paying attention to this," says Jeanne Marrazzo, an assistant professor of medicine at the University of Washington who is studying the sexual transmission of diseases between women. "A lot of people who study HIV and STDs don't even think there is the potential of transmission between women because there's this incredible assumption that basically women don't have sex. It's the worst combination of sexism and homophobia—thinking that not only do you need a man for sex to occur but that when you don't have a man, you really aren't going to do anything very interesting."

The lesbian AIDS study will use clinics in four cities—Baltimore, New York, San Francisco, and Washington, D.C.—as research sites. (Women who think they may have been infected by or infected another woman but live outside of these areas can take part in the study by contacting Ethier through *The Advocate*'s Web site.)

Ethier and Kennedy emphasize that even if no cases of HIV transmission between women are found in this study, that doesn't mean that such transmission can't or hasn't happened. "If we can find those cases," Ethier says, "then we can say, 'Yes, this happens,' and no one has really been able to say that before. But if we can't find cases, that doesn't mean it can't happen. It means we just didn't find those cases.

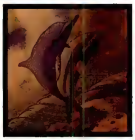
"By doing this study we're not trying to say that there is a huge risk," Ethier continues. "But there is a significant portion of women who are HIV-positive who have sex with women. This study validates that these women are out there and that their voices and concerns need to be heard."

Marks concurs. "I think that there is still a lot of fear in the lesbian community about having sex with a woman who you know is HIV-positive and that that fear is much higher than the possibility of transmission," she says. "But then again, how do we know?" ■

Rochman is a freelance writer in San Francisco specializing in health issues.

Find more on this topic at www.advocate.com

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His own style

Surgeon General David Satcher says he's different from his outspoken predecessors, but "I still have a lot to say in my own way."

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The calm after the storm

Surgeon General David Satcher speaks out on the same issues that sent his predecessor packing By Chris Bull

Joycelyn Elders is a tough act to follow. As U.S. surgeon general for less than two years, the feisty Elders made headlines for advocating drug legalization, contending that masturbation should be a regular part of sex education curricula, and declaring that "sex is good, sex is wonderful...whether it is homosexual or heterosexual" before she was forced to resign by President Clinton in 1994.

David Satcher, who assumed the post in 1998, has carefully avoided weighing in on the hot-button issues that landed Elders, dubbed the "condom queen" by detractors and supporters alike, in political hot water. Nonetheless, in an interview with *The Advocate*, Satcher endorsed sexually explicit HIV-prevention campaigns aimed at young gay men, took on the religious right and the "ex-gay" movement, and denounced the permissive social climate he says encourages violence against gays and lesbians.

"I grew up in the church and take my Christian commitment very seriously," Satcher says. "I don't see how being a Christian can be consistent with taking the attitude that we are somehow better than other people and devaluing the lives of people simply because of the way they contracted HIV. The [religious right] has opposed a lot of the things I've tried to do...to help people reduce their risk for HIV transmission. I've tried to work around them or work through them, but I wouldn't dare say I've figure out how to deal with them yet."

The surgeon general's office has played a crucial role throughout the AIDS epidemic. When the Reagan administration resisted informing the public about AIDS in the 1980s, Surgeon General C. Everett Koop, picked for his conservative credentials, bucked White House domestic-policy advisers by encouraging condom use as an HIV-prevention measure and by sending a pamphlet explaining AIDS to every American home.

A former director of the federal Centers for Disease Control and Prevention and former president of Meharry Medical College in Nashville, Satcher is more consensus builder than firebrand. He was elevated to the post only after Clinton's first nominee to replace Elders, Dr. Henry Foster, was scuttled after congressional conservatives objected to his having performed abortions.

Satcher's role as surgeon general may be comparable to that of Jane Alexander, the former director of the National Endowment for the Arts who staved ▶

ANN STATES/SABA



On July 12, 1997, the 9-member HIV+ crew of ***The Survivor*** completed the 2,261 mile Trans-Pacific Yacht Race from California to Hawaii. Their journey took 10 days, 6 hours, and 12 minutes. The hull of ***The Survivor*** was covered with the names of friends who had lost their battle with AIDS. These "Angels on the Hull" accompanied the crew through the long days and nights of their odyssey, inspiring them to succeed. Boehringer Ingelheim and Roxane Laboratories applaud the efforts of **Get Challenged** and all HIV+ men and women—*not just for surviving, but for achieving.* ***The Survivor*** will sail again in the 1999 Trans-Pac race. For more information, call 1-800-328-4102 or **visit www.rocktheboat.net.**

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Mike Schmidt,
HIV+ crew member of *The Survivor*,
on the dosing convenience of VIRAMUNE®

"Sailing the Pacific was both a mental and physical challenge, 24 hours a day. The ocean controlled when I ate and slept. Fortunately, I had to take only one VIRAMUNE® tablet twice a day* as part of my antiretroviral combination.

"Although I chose VIRAMUNE® as part of my combination for its convenience, the goal of my therapy was to reach an undetectable viral load. At the time of the race, I was fitter than ever."

Ask your doctor whether VIRAMUNE® could fit into your treatment strategy. VIRAMUNE® is indicated for use with other antiretroviral agents for the treatment of HIV-1 infection. However, there is no cure for HIV infection. Currently, it is not known whether taking VIRAMUNE® in combination with other antiretrovirals will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. You should also be aware that all antiretrovirals can cause side effects. VIRAMUNE® is associated with severe rash and liver toxicity, including fatal cases of each. Other side effects reported include fever, nausea, headache, and abnormal liver function tests. VIRAMUNE® is, however, generally well tolerated by most patients.

*Recommended dose: one 200 mg tablet once a day for first 14 days; then one 200 mg tablet twice a day.

Just two tablets a day with or without food

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Viramune®
(nevirapine)

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VIRAMUNE® (nevirapine) Tablets
VIRAMUNE® (nevirapine) Oral Suspension

Brief Summary

WARNING:
SEVERE AND LIFE-THREATENING SKIN REACTIONS (STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS), INCLUDING FATAL CASES, HAVE OCCURRED IN PATIENTS TREATED WITH VIRAMUNE®. (See WARNINGS)
SEVERE AND LIFE-THREATENING HEPATOTOXICITY, INCLUDING FATAL HEPATIC NECROSIS, HAS OCCURRED IN PATIENTS TREATED WITH VIRAMUNE® (See WARNINGS)
RESISTANT VIRUS EMERGES RAPIDLY AND UNIFORMLY WHEN VIRAMUNE® IS ADMINISTERED AS MONOTHERAPY. THEREFORE, VIRAMUNE® SHOULD ALWAYS BE ADMINISTERED IN COMBINATION WITH ANTIRETROVIRAL AGENTS.

INDICATIONS AND USAGE: VIRAMUNE® (nevirapine) is indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection. This indication is based on analyses of changes in surrogate endpoints. At present, there are no results from controlled clinical trials evaluating the effect of VIRAMUNE® in combination with other antiretroviral agents on the clinical progression of HIV-1 infection, such as the incidence of opportunistic infections or survival.
Resistant virus emerges rapidly and uniformly when VIRAMUNE® is administered as monotherapy. Therefore, VIRAMUNE® should always be administered in combination with at least one additional antiretroviral agent.

CONTRAINDICATIONS: VIRAMUNE® is contraindicated in patients with clinically significant hypersensitivity to any of the components contained in the tablet or the oral suspension.

WARNINGS: Severe and life-threatening skin reactions have occurred in patients treated with VIRAMUNE®, including Stevens-Johnson syndrome and toxic epidermal necrolysis. Fatal cases of toxic epidermal necrolysis have been reported. VIRAMUNE® must be discontinued in patients developing a severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise. (See PRECAUTIONS, *Information for Patients*, ADVERSE REACTIONS) VIRAMUNE® therapy must be initiated with a 14-day lead-in period of 200 mg/day (4 mg/kg/day in pediatric patients), which has been shown to reduce the frequency of rash. If rash is observed during this lead-in period, dose escalation should not occur until the rash has resolved. (See DOSAGE AND ADMINISTRATION)
Severe or life-threatening hepatotoxicity, including fatal fulminant hepatitis (transaminase elevations, with or without hyperbilirubinemia, prolonged partial thromboplastin time, or eosinophilia), has occurred in patients treated with VIRAMUNE®. Some of these cases began in the first few weeks of therapy and some were accompanied by rash. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe ALT or AST abnormalities until these return to baseline values. VIRAMUNE® should be permanently discontinued if liver function abnormalities recur upon readministration. Monitoring of ALT and AST is strongly recommended, especially during the first six months of VIRAMUNE® treatment. (See PRECAUTIONS, *Information for Patients*; ADVERSE REACTIONS; DOSAGE AND ADMINISTRATION)

PRECAUTIONS: *General:* Nevirapine is extensively metabolized by the liver and nevirapine metabolites are extensively eliminated by the kidneys; however, the potential routes of nevirapine metabolism have not been established. Use with either hepatic or renal dysfunction. Therefore, VIRAMUNE® should be used with caution in these patient populations.
The duration of clinical benefit from antiretroviral therapy may be limited. Patients receiving VIRAMUNE® or any other antiretroviral therapy may continue to develop opportunistic infections and other complications of HIV infection, and therefore should remain under close clinical observation by physicians experienced in the treatment of patients with associated HIV diseases.
When administering VIRAMUNE® as part of an antiretroviral regimen, the complete product information for each therapeutic component should be consulted before initiation of treatment.

Drug Interactions: The induction of CYP3A by nevirapine may result in lower plasma concentrations of other concomitantly administered drugs that are extensively metabolized by CYP3A. (See CLINICAL PHARMACOLOGY) Thus, if a patient has been stabilized on a dosage regimen for a drug metabolized by CYP3A, and begins treatment with VIRAMUNE®, dose adjustments may be necessary.

Rifampin/Rifabutin: There are insufficient data to assess whether dose adjustments are necessary when nevirapine and rifampin or rifabutin are coadministered. Therefore, these drugs should only be used in combination if clearly indicated and with careful monitoring.

Ketoconazole: VIRAMUNE® and ketoconazole should not be administered concomitantly Coadministration of nevirapine and ketoconazole resulted in a significant reduction in ketoconazole plasma concentrations. (See CLINICAL PHARMACOLOGY, Drug Interactions)

Oral Contraceptives: There are no clinical data on the effects of nevirapine on the pharmacokinetics of oral contraceptives. Nevirapine may decrease plasma concentrations of oral contraceptives (also other hormonal contraceptives); therefore, these drugs should not be administered concomitantly with VIRAMUNE®.

Information for Patients **should be instructed that the major toxicity of VIRAMUNE® is rash and should be advised to promptly notify their physician of any rash.** The majority of rashes associated with VIRAMUNE® occur within the first 6 weeks of initiation of therapy. Patients should be instructed that if any rash occurs during the two-week lead-in period, the VIRAMUNE® dose should not be escalated until the rash resolves. Patients should be informed that severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise should immediately discontinue medication and consult a physician.
Patients should be instructed that abnormal liver function tests and cases of clinical hepatitis, including fatal fulminant hepatitis, have been reported with VIRAMUNE®. Liver function tests should be monitored, especially during the first six months of therapy. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe liver function test abnormalities, until liver function tests return to baseline values; VIRAMUNE® should be permanently discontinued if liver function abnormalities recur upon readministration. Patients should be instructed to consult their physicians immediately should symptoms of hepatitis occur.
Oral contraceptives and other hormonal methods of birth control should not be used as a method of contraception in women taking VIRAMUNE®. (See PRECAUTIONS, *Drug Interactions*)
Patients should be informed that VIRAMUNE® therapy has not been shown to reduce the risk of transmission of HIV-1 to others through sexual contact or blood contamination. The long-term effects of VIRAMUNE® are unknown at this time.
VIRAMUNE® is not a cure for HIV-1 infection; patients may continue to experience illnesses associated with advanced HIV-1 infection, including opportunistic infections. Treatment with VIRAMUNE® has not been shown to reduce the incidence or frequency of such illnesses; patients should be advised to remain under the care of a physician when using VIRAMUNE®.
Patients should be informed to take VIRAMUNE® every day as prescribed. Patients should not alter the dose without consulting their doctor. If a dose is missed, patients should take the next dose as soon as possible. However, if a dose is skipped, the patient should not double the next dose. Patients should be advised to report to their doctor the use of any other medications.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term carcinogenicity studies of nevirapine in animals are currently in progress. In genetic toxicology assays, nevirapine showed no evidence of mutagenic or clastogenic activity in a battery of *in vitro* and *in vivo* assays including microbial mutagenicity tests for gene mutation (Ames: Salmonella strains and *E. coli*), mammalian cell gene mutation assays (CHO/HGPRT), cytogenetic assays using a Chinese hamster ovary cell line and a mouse bone marrow micronucleus assay following oral administration. In reproductive toxicity studies, evidence of impaired fertility was seen in female rats at doses providing systemic exposure, based on AUC, approximately equivalent to that provided with the recommended clinical dose of VIRAMUNE®.

Pregnancy: Pregnancy Category C. No observable teratogenicity was detected in reproductive studies performed in pregnant rats and rabbits. In rats, a significant decrease in fetal body weight occurred at doses providing systemic exposure approximately 50% higher, based on AUC, than that seen at the recommended human clinical dose.
The maternal and developmental no-observable-effect level dosages in rats and rabbits produced systemic exposures approximately equivalent to or approximately 50% higher, respectively, than those seen at the recommended daily human dose, based on AUC. There are no adequate and well-controlled studies in pregnant women. VIRAMUNE® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Preliminary results from an ongoing pharmacokinetic study (ACTG 250) of 10 HIV-1-infected pregnant women who were administered a single oral dose of 100 or 200 mg VIRAMUNE® at a median of 5.8 hours before delivery, indicate that nevirapine readily crosses the placenta and is found in breast milk. Consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV, mothers should discontinue nursing if they are receiving VIRAMUNE®.

Pediatric Use: Safety was assessed in trial BI 882 in which patients were followed for a mean duration of 33.9 months (range: 6.8 months to 5.3 years, including long-term follow-up in 29 of these patients in trial BI 892). The most frequently reported adverse events related to VIRAMUNE® in pediatric patients were similar to those observed in adults, with the exception of granulocytopenia which was more commonly observed in children. Serious adverse events were assessed in ACTG 245, a double-blind, placebo controlled trial of VIRAMUNE® (n = 305) in which pediatric patients received combination treatment with VIRAMUNE®. In this trial two patients were reported to experience Stevens-Johnson syndrome or Stevens-Johnson/toxic epidermal necrolysis transition syndrome. Cases of allergic reaction, including one case of anaphylaxis, were also reported. The evaluation of the antiviral activity of VIRAMUNE® in pediatric patients is ongoing.

Table 1 summarizes the marked laboratory abnormalities occurring in pediatric patients in Trial Bi 882 and in follow-up trial Bi 892.

Table 1: Number of Pediatric Patients (%) with Marked Laboratory Abnormalities in Trials BI 882 and BI 892 Combined.

	No. (%) of Patients n=37
Hematology	
Decreased Hg (<8.0 g/dL)	7 (19)
Decreased platelets (<50,000/mm³)	4 (11)
Decreased neutrophils (<750/mm³)	14 (38)
Increased MCV (>100 FfL)	13 (35)
Blood Chemistry	
Increased ALT (>250 U/L)	4 (11)
Increased AST (>250 U/L)	5 (14)
Increased GGT (>450 U/L)	4 (11)
Increased total bilirubin (>2.5 mg/dL)	1 (3)
Increased alkaline phosphatase (>2x ULN)	19 (51)
Increased amylase (>2x ULN)	6 (16)

ADVERSE REACTIONS: *Adults:* The most frequently reported adverse events related to VIRAMUNE® therapy were rash, fever, nausea, headache, and abnormal liver function tests.
The major clinical toxicity of VIRAMUNE® is rash, with VIRAMUNE®-attributable rash occurring in 17% of patients in combination regimens in Phase II/III controlled studies. Thirty-seven percent of patients treated with VIRAMUNE® experienced rash compared with 20% of patients treated in control groups of either ZDV+ddI or ZDV alone (Table 2). Severe or life-threatening rash occurred in 7.6% of VIRAMUNE®-treated patients compared with 1.2% of patients treated in the control groups.
Rashes are usually mild to moderate, maculopapular erythematous cutaneous eruptions, with or without pruritus, located on the trunk, face and extremities. The majority of severe rashes occurred within the first 28 days of treatment; 25% of the patients with severe rashes required hospitalization; and one patient required surgical intervention. All patients recovered. Overall, 7% of patients discontinued VIRAMUNE® due to rash.

Table 2: Percentage of Patients with Rashes in Adult Controlled Trials[1]

	ACTG 241[2]		BI 1037		BI 1011		COMBINED DATA	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV	NVP+ZDV	ZDV	NVP	CONTROL
n	197	201	30	30	25	24	252	255
Rash events of all Grades and all causality	39.6%	23.9%	26.7%	6.7%	32.0%	4.2%	37.3%	20.0%
Grade 3 or 4 rash events, all causality	8.1%	1.5%	3.3%	0%	8.0%	0%	7.6%	1.2%

[1] At recommended dose of one 200 mg tablet daily for the first 14 days followed by one 200 mg tablet twice daily
[2] Trial ACTG 241 was designed to report Grade 3/4 (severe or life-threatening) events; except for several pre-specified events including rash for which all grades are reported

Table 3 lists treatment-related clinical adverse events that occurred in patients receiving VIRAMUNE® in ACTG 241 and in Trials BI 1037 and BI 1011.

Table 3: Comparative Incidence of Selected Drug-Related Events in Adult Controlled Trials

	ACTG 241		Trial BI 1037 and BI 1011	
	Grade 3/4 events		All severities	
	NVP+ZDV+ddI	ZDV+ddI	NVP+ZDV	ZDV alone
Number of patients	197	201	55	30
Overall incidence of related adverse events	31%	23%	42%	33%
Rash	8	2	20	3
Fever	3	3	11	3
Nausea	5	4	9	3
Headache	3	3	11	0
Diarrhea	2	2	0	0
Abdominal pain	1	2	4	0
Ulcerative stomatitis	0	0	4	0
Peripheral neuropathy	0	2	0	0
Paraesthesia	1	0	2	0
Myalgia	1	0	2	0
Hepatitis	1	0	0	0

Laboratory Abnormalities: Table 4 summarizes marked laboratory abnormalities occurring in three controlled studies.

Table 4: Percentage of Adult Patients with Marked Laboratory Abnormalities

	Data combined for controlled trials ACTG 241, BI 1037 & BI 1011	
	VIRAMUNE® n=252	Control n=255
Hematology		
Decreased Hg (<8.0 g/dL)	1.2%	2.0%
Decreased platelets (<50,000/mm³)	0.8	0.8
Decreased neutrophils (<750/mm³)	11.1	10.2
Blood chemistry		
Increased ALT (>250 U/L)	3.4	3.5
Increased AST (>250 U/L)	2.0	2.4
Increased GGT (>450 U/L)	2.4	1.2
Increased total bilirubin (>2.5 mg/dL)	0.4	1.2

Asymptomatic elevations in GGT levels are more frequent in VIRAMUNE® recipients than in controls. Because clinical hepatitis has been reported in VIRAMUNE®-treated patients, monitoring of ALT (SGPT) and AST (SGOT) is strongly recommended, especially during the first six months of VIRAMUNE® treatment. (See WARNINGS)

Pediatric Patients: The most frequently reported adverse events related to VIRAMUNE® in pediatric patients were similar to those observed in adults, with the exception of granulocytopenia which was more commonly observed in children (See PRECAUTIONS: *Pediatric Use*.) The safety profile of VIRAMUNE® in neonates has not been established.

OVERDOSAGE: There is no known antidote for VIRAMUNE® overdosage. Cases of VIRAMUNE® overdose at doses ranging from 800 to 1800 mg per day for up to 15 days have been reported. Patients have experienced events including edema, erythema nodosum, fatigue, fever, headache, insomnia, nausea, pulmonary infiltrates, rash, vertigo, vomiting and weight decrease. All events subsided following discontinuation of VIRAMUNE®.

Rx only Revised 9/10/98

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Satcher's predecessor earned her reputation for outspokenness

Joycelyn Elders was forced to resign as surgeon general five years ago after suggesting that students be taught about masturbation, but her presence still looms large over the office she once held. Although more restrained than Elders, Satcher is still dealing with the political fallout caused by her outspokenness.

In a March 1994 interview with *The Advocate*, Elders, who now lectures on health issues, lived up to her reputation for candidness. Many of her comments remain current five years later. Among them:

• On gay sex: "We need to speak out to tell people that sex is good, sex is wonderful. It's a normal part and healthy part of our being, whether it is homosexual or heterosexual."

• On adoption: "Many children in this society are born unwanted, and I feel that if gay or lesbian couples feel that they want children enough to adopt, well, then they are probably just as capable of being good parents as heterosexual parents who choose to adopt."

• On AIDS education: "If there are young gay men out there who are not hearing the message, then we have to step in and figure out how to get to them. The federal government has a responsibility to all of our citizens, not just the heterosexual citizens."

• On lesbian health care: "We have to train our nation's physicians to ask the right questions and to offer lesbians advice that is appropriate to them."

• On gay youth: "We just can't write off 10% of our student population." ■



Joycelyn Elders

AP/WIDE WORLD PHOTOS

off calls to eliminate the embattled agency but who was unable to return it to its original luster. But critics say Satcher has yet to take full advantage of the office's bully pulpit to advocate for a bolder national response to AIDS, which they contend has long been hampered by conservative opposition to government funding for sexually explicit HIV-prevention campaigns and by uneven access to antiviral drug therapies.

"Satcher is a very smart and caring surgeon general whose heart is clearly in the right place," says A. Cornelius Baker, executive director of the National Association of People with AIDS. "He is politically adept at building support in the White House and rebuilding the office. But the question is whether he is really going to be outspoken enough to make a difference."

After just more than 14 months on the job, Satcher may still be finding his voice. "Dr. Elders made a tremendous contribution," Satcher explains. "This nation still hasn't dealt with what she pointed out—the need for more sex education in home and school and community and our need to be more outspoken about it. Koop took on Reagan's domestic-policy advisors.... I agree that the surgeon general's responsibility is to inform the public with the best available science even if the science doesn't agree with the politics of the day. But we all have to do it in our own way. I'm not Dr. Elders or Dr. Koop, but I still have a lot to say in my own way."

Satcher has made improving treatment and prevention campaigns for the poor and underserved his primary medical mission—a mission he insists includes lesbians and gay men. Says Satcher: "We have to figure out how to do a better job reaching sometimes disadvantaged groups, like gay men of color, who are hard hit by AIDS."

Satcher has encouraged black churches to undertake frank discussions of homosexuality and HIV transmission. While blacks represent only 13% of the population, they account for more than half of new HIV infections every year. "We're definitely seeing much more AIDS activism from within black churches," Satcher says. "The Progressive National Baptist Convention adopted HIV and AIDS as its major initiative for 1999. Church leaders who in the past wouldn't touch AIDS with a ten-foot pole because of their discomfort with sex and drugs now see it as their responsibility to speak out. And in Memphis recently black ministers sent the message that they are not going to ostracize you if you are HIV-positive."

Satcher compared reports of rising HIV-infection rates among some young gay men to teenage pregnancy among the poor. "I understand [unprotected sex] in terms of the frustration involved in being a young gay man in this society and getting to the point where you are unhappy with what life is like," he says. "The reason I put so much emphasis on mental health in my outreach work is that I have seen the depression caused by discrimination. I've seen the same thing when it comes to teenage pregnancy in housing projects. Pregnancy itself isn't the problem. Neither is violence or drugs. It's hopelessness about the future that is the problem. A lot of these disadvantaged kids see themselves dead by 25. This is our most difficult challenge, changing the environment, whether for young gay people or for kids living in housing projects. If we create the right environment, people won't be 'barebacking' because they will want to be around for the future."

As a result, Satcher believes the "ex-gay" movement poses a threat to the mental health of those who participate in it. "I'm hardly a medical expert on 'ex-gays,' but I take the position of the American Psychological Association, which says that it's not the way to go. I don't condemn anyone who wants to try these [ex-gay] services. But I'm convinced by the science that people do not choose to be homosexual. We do not choose our sexual orientation. There should be no blame or judgment associated with sexuality. I strongly caution about tampering with things we don't select to be, things we are born with. Our goal should be to create an environment that respects people for who they are and what they are. We need to learn to work together as a society."

Part of that learning process, Satcher says, is speaking out more forcefully against the antigay prejudice that can lead to violence. "As a society, there has to be a stronger level of intolerance for the kind of behavior we saw in [the Matthew Shepard slaying]," he says. "There are still people who think they can attack gay people because it's acceptable to a large portion of the population. We have a climate that almost encourages violence. People in positions of authority, whether in homes or communities or churches, have to make it clear that discrimination is wrong, that violence against gay people is always wrong." ■

Find more on this topic at www.advocate.com

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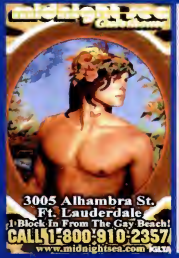
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media

Pulitzer surprise

In a watershed moment for gay visibility, four Pulitzer Prizes go to gay and lesbian authors By Robert L. Pela

The announcement of the 1999 Pulitzer Prize awards in April marked a high point for gay and lesbian letters. While only one of the awards was for gay-specific writing, four of the honorees—for fiction, drama, biography, and editorial coverage—are themselves gay.

"It's thrilling to see so many queers recognized," says Michael Cunningham, whose novel *The Hours* took the Pulitzer for fiction. "Whether they're writing about gay lives or not, this is a good thing." Cunningham's novel, which also won the PEN/Faulkner Award and was a runner-up for the National Book Critics Circle prize earlier this year, is an homage to Virginia Woolf. ▶

"I told my editor this book would sell about six copies. I never could have foreseen this."
—*Michael Cunningham, author of* The Hours

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Witty woman

Margaret Edson (above, left) won the Pulitzer for drama with *Wit*, her play about a formidable professor (portrayed by Kathleen Chalfant, far right) dying of ovarian cancer.

Set partly in the 1920s, *The Hours* follows Woolf as she writes her acclaimed novel *Mrs. Dalloway;* the book's other story line concerns gay men in contemporary New York City, one of whom is dying of AIDS. Cunningham, who teaches creative writing at Columbia University, says he never expected the book to be particularly well received. "I told my editor this book would sell about six copies," he says. "I never could have foreseen this." The writer credits his lover, Ken Korbett, with a good part of the book's success. "He's my mentor and my muse, and he's more responsible than any another person for how the book came out," Cunningham says.

Gay journalist Jonathan Capehart agrees with Cunningham that "it's really wonderful seeing out gay people receiving this kind of honor." Capehart—along with members of the New York *Daily News* editorial board—was awarded the Pulitzer for a series of articles about Harlem's legendary Apollo Theatre.

"I'm elated and honored," says Capehart, who's been deluged with E-mail messages and phone calls from well-wishers. "But really the whole thing hasn't sunk in yet."

Among other honorees is first-time playwright Margaret Edson, a kindergarten teacher who lives in Atlanta. Although her critically acclaimed drama, *Wit*—about a 50-ish college professor dying of ovarian cancer—was passed over for Tony award consideration (it was playing in an unrecognized theater), Edson seemed satisfied with the play's Pulitzer honor.

"I was cleaning up the classroom when I heard the news," Edson told the *Daily News*. "Now I hear that not only did I win the prize, but money goes with it too!" Edson said the first person she called was her partner, Linda Merrill, a curator at Atlanta's High Museum. Then, because there was no champagne handy, she toasted her win with a half-pint carton of chocolate milk.

The biography prize went to *Lindbergh*, A. Scott Berg's book about the aviator Charles Lindbergh. "This is the most exciting day since Anne Morrow [Lindbergh] gave me permission to write the book," the newspaper quoted Berg, who dedicated the volume in part to his male partner.

"I don't know that there are necessarily more gay people receiving the Pulitzer this year," Capehart says, "or that the Pulitzer board is more forward-thinking this year. I think it's more an indication of the times. There are more openly gay people today, so the honorees reflect a more diverse people." ■

Pela is coauthor of the upcoming Idol! The Who's Who of Fifty Years of Teen Heartthrobs.

Find more on this topic at www.advocate.com

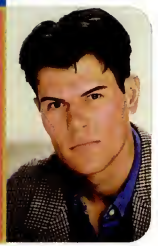
Men of letters: Jonathan Capehart (below, left) took a journalism prize; A. Scott Berg won in the biography category.



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dance

Cinderella ■ Ahmanson Theatre, Los Angeles (through May 23) ■ Directed and choreographed by Matthew Bourne ■ Starring Adam Cooper, Sarah Wildor, and Will Kemp

After his homoerotic *Swan Lake*, choreographer Matthew Bourne evokes the ravages of World War II in *Cinderella*

By Allan Ulrich

Not your basic fairy tale

Matthew Bourne, the gay English choreographer whose *Swan Lake* put hairy-chested swans in every living room in America, has returned to these shores with a dazzling modern-dress version of another ballet classic, *Cinderella*, and if the results are somewhat less fleshy and Freudian than its notorious predecessor, this latest effusion from Bourne's superb company, Adventures in Motion Pictures, is no less unorthodox and provocative.

Set amid the London rubble during the World War II blitz, this *Cinderella*, introduced in London's West End in 1997, has found a home away from home at Los Angeles's Ahmanson Theatre, where artistic director Gordon Davidson put his reputation with his board on the line before the American premiere of *Swan Lake* two years ago ("Guys dancing around in feathers to Tchaikovsky? You must be kidding"). This time there will be less consternation, less skin, and a bit more mystification. Everybody may know the basics of the Cinderella story, but no single dance version of that ballet is as familiar as the *Swan Lake* that Bourne so cunningly transgressed in the earlier piece; he was free here to go his own way.

Sarah Wildor and Adam Cooper at a ball that seems to spring from the rubble of bombed-out London

What the two productions share, however, is an almost hallucinatory quality in the storytelling. The characters aren't so much propelled by the narrative as trapped in it. What drew Bourne to the era of the Battle of Britain was Sergei Prokofiev's score, written during the same period, during the most stressful days of the war. The music is among the Russian composer's darkest and most troubled creations; most choreographers working on *Cinderella* simply ignore that tone and deliver indifferent ballets.

At the Ahmanson, searchlights rather than fairy wings illuminate the night sky; the sound of bombs prefaces each of the three acts; air-raid alert signs flash in Lez Brotherston's award-winning, stunningly conceived designs. The heroine—danced by the exquisite Sarah Wildor, on loan from London's Royal Ballet—is a dreamy, kindhearted, bespectacled slavey in a

household teeming with Bright Young Things and hints of pansexual pastimes, all under the thumb of a social-climbing gorgon of a stepmother. And Cinderella's prince has become Harry, a shell-shocked Royal Air Force pilot who stumbles into her house during a blackout and emerges clutching one of the jeweled pumps that Cinderella has temporarily pinched from the stepmother. In the role of Harry, Adam Cooper, the hunky chief swan of *Swan Lake*, is barely recognizable behind the David Niven mustache.

It is the world of Nöel Coward and Evelyn Waugh on the brink of dissolution, a society determined to dance its way to the edge among the falling bombs.

BILL COOPER

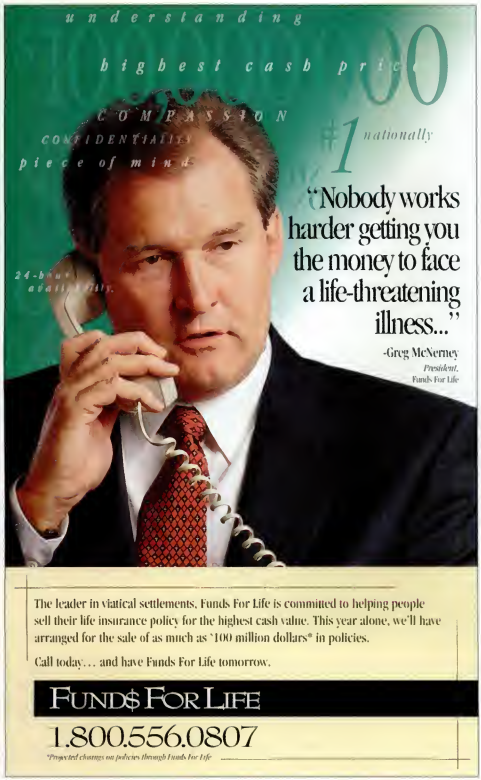


A wounded pilot (Cooper) searches London for his love.

Cinderella's fairy godmother has become a guardian angel (Will Kemp) with bleached hair and shiny white suit; he escorts her to the ball in a motorcycle sidecar as gas-masked air-raid wardens comb the debris for bodies. A bomb ends the festivities at midnight, and Harry seeks the owner of the jeweled shoe through the streets and Underground stations, only to be reconciled with his true love in a convalescent home.

Bourne's most striking innovation is the second act, where he flirts with a cinematic dream structure. The cheesy dance hall through which Londoners romp seems to resurrect itself from the ashes at the beginning, and Cinderella fantasizes herself onto the dance floor and into bed with her swain. The result is a sweeping post-coital duet that leavens Bourne's satirical group numbers with a sweet sincerity. In case you didn't guess it from *Swan Lake*, this is one dance maker who puts his heart where his sole is. ■

Ulrich is the dance and classical-music critic for the San Francisco Examiner.





theater

Twist and shout

Basil Twist tells about taking his hit underwater puppet show to the West Coast By David Bahr



Puppet ruler
In *Symphonie Fantastique* Basil Twist turns cloth puppets (at left) into underwater creatures.

PUPPETS: RICHARD TERMINE; TWIST: KENT TAYLOR



Busby Berkeley with *shmatte* rags. Aquatic art for acid-heads. *Fantasia* with bubbles. Call it what you will, but with his underwater hit *Symphonie Fantastique*, puppeteer Basil Twist has turned a long-term dream to liquid gold.

"I'm not the first person to ever use water in a puppet show before," explains the buoyantly boyish 29-year-old. "But I've never seen anything done to this extent. And I wanted to do something new."

Most who've seen it agree that he certainly has. Initially scheduled to run six weeks last summer at New York's Here arts center, *Symphonie Fantastique* has garnered rapt reviews and word-of-mouth wonder that have kept the show playing to sold-out houses for almost a year. After drawing the likes of Keanu Reeves, k.d. lang, and Debbie Harry, the show has just started an open-ended run at San Francisco's Zeum Theater. It's a decidedly unexpected success for such an unorthodox creation. So what the heck is it?

Well, a puppet show. A classical music experience. An abstract visual collage performed in a television-size aquarium with no plot, no characters, and no script.

If *Symphonie Fantastique* is so difficult to describe, it's because it's so peculiarly original. Basically a one-hour synchronized underwater ballet of fabric, feathers, and fiber-optic tubes of light in a 500-gallon fish tank (San Francisco's will hold 1,000 gallons), it's a dancing kaleidoscope of images choreographed to music.

"Most classical music is essentially abstract," says Twist, who manipulates the "puppets" with three other people. "It doesn't have a story or a concrete meaning. I wanted to re-create that visually. It's been done with animation in *Fantasia*. And there's the *Ziegfeld Follies* in film. All of Busby Berkeley's designs are a superabstraction, putting familiar things—pianos, bodies—into

these flowerlike shapes. I wanted to see something like that in puppetry, but there was nothing."

Choosing water as the medium, he set out to create it, picking the 19th-century composer Hector Berlioz's 1830 composition *Symphonie Fantastique* as the sound track. "It works really well with the water because it's moody and passionate, with a kind of lyricism that just swells," he says.

No stranger to theatrical passion himself, Basil Twist comes from a family of puppet fanatics. His grandfather was a 1930s bandleader who used string puppets of jazz greats like Cab Calloway in his shows, while his mother founded a puppet troupe to tour hospitals and schools in their San Francisco neighborhood. Although immersed in it as a boy, Twist abandoned puppetry in high school for fear of being labeled a "sissy."

"It seemed too much like playing with dolls," he confesses, acknowledging a discomfort with a "percolating gay thing" as a factor in giving it up. By his first year in college, however, he was already dating boys and dissatisfied with academics. Seeking internship alternatives, he read about the Center for Puppetry Arts in Atlanta. "That was the moment when I went, *Oh, of course, that's what I love to do, that's what I know I'm good at*, even though I hadn't done it in years."

After quitting school he came to New York and worked with avant-garde director Julie Taymor (later lauded for her puppet-inspired work on Broadway's *The Lion King*). By 1990 the craft's poor employment prospects forced Twist to reconsider college. Fortunately, France's renowned École Supérieure Nationale des Arts de la Marionnettes was then accepting students for its three-year puppetry program. He applied and got in—the only American ever to do so. As the sole gay man in a class of 12, Twist quickly distinguished himself with a glitzy cabaret style that was big on sequins and tall on glamour. "I was definitely more camp," he says.

In 1993 he returned to Manhattan, bringing that style to the city's gay bars. "I had a puppet of [infamous New York drag queen] Lady Bunny sniffing poppers," he laughs. "I also made these three sleek and gorgeous black singers that moved in tandem like the Supremes."

But it was a three-minute montage he choreographed to a recording by the high-pitched priestess of lounge music Yma Sumac that paved the way for *Symphonie Fantastique*. "With the Sumac piece," he explains, "there are curtains that keep opening and closing, different-colored scarves and things, all dropping and falling in time to the music. People really responded to it."

Twist says he plans to keep expanding people's perception of puppetry with his next venture—one animated completely by wind machines. Invariably, the idea of applying his distinctive training to produce new theatrical experiences visibly excites Twist. "With puppetry," he says, "you can create a whole other world of your own." ■

Bahr writes for The New York Times, Time Out New York, *and* New York *magazine.*



theater

Loose lips

Lips ■ Primary Stages, New York City (through May 16) ■ Written by Constance Congdon ■ Directed by Greg Leaming ■ Starring Lizbeth Mackay, Robin Morse, and Stephen Barker Turner

By Don Shewey

What if the president of the United States were a woman? What if she had a Clinton-Lewinsky–type affair with another woman? What if she decided to make her mark on history not by some show of military strength abroad but by committing her idealism to a paradigm shift on gay rights? These are some of the questions that drive Constance Congdon's *Lips*, which plays off-Broadway at Primary Stages through May 16. Rachel (Robin Morse), a punky hacker serving time for computer mischief, is sprung from jail by her ex-boyfriend Andy (Stephen Barker Turner) on one condition. She has to participate in a plot to cause a national scandal by seducing the president—a schoolmarmish former New England senator named Joni (Lizbeth Mackay)—in return for which Rachel will regain custody of her 6-year-old daughter from her Southern Baptist mother.

JAMES LEYNSE

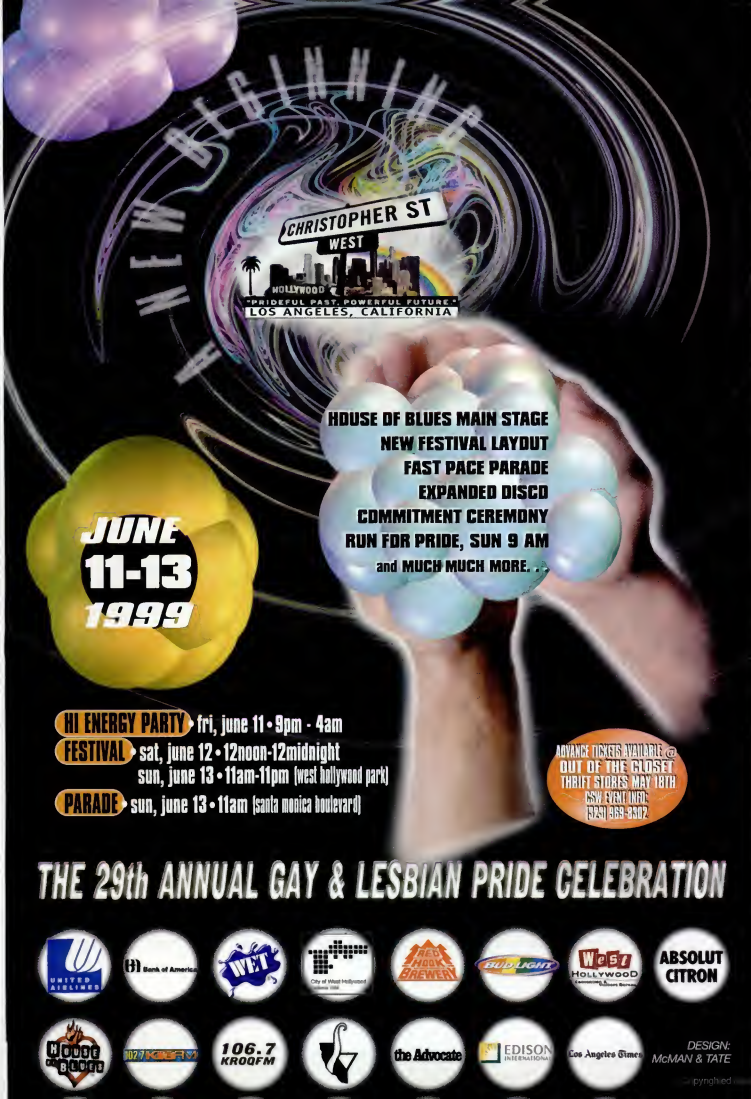


Lizbeth Mackay and Stephen Barker Turner in *Lips*

This premise would be plenty for one play. But Congdon overloads the script with twists, both stylistic (spy story meets soap opera) and thematic (Rachel's conflicted sexuality, Joni's cynicism about the media). The play is a satire—come on, President Joni?—yet it also makes an earnest pitch for difference of opinion as the linchpin of American democracy. Although it's better to have too many ideas than too few, the play ends up doing justice to none of them. ■

Shewey is the editor of Out Front: Contemporary Gay and Lesbian Plays, *published by Grove Press.*





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Tea With Mussolini ■ Written by John Mortimer and Franco Zeffirelli ■ Directed by Franco Zeffirelli ■ Starring Cher, Judi Dench, Joan Plowright, Maggie Smith, and Lily Tomlin ■ Goldwyn Films



PHILIPPE ANTONELLO

film

Gypsies, tramps, and tea

Franco Zeffirelli gets all misty about pre–World War II Italy—and drags great actors with him **By Jan Stuart**

PHILIPPE ANTONELLO



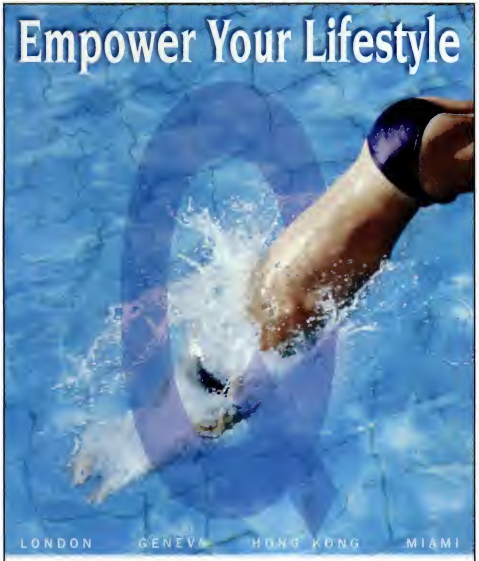
Cher (left), the American expatriate, shows class; Dench (above, left) and Smith drink tea the proper English way.

Having only just dried out from an unbelievably rainy autumn visit to Italy, I yearn to have lived in Florence before World War II. According to Franco Zeffirelli, it was a world kissed by eternal sunsets, a postcard-perfect landscape where ladies in white lace could promenade beneath parasols secure in the knowledge that they would need them only to shield against the inconvenience of ultraviolet.

Tea With Mussolini, Zeffirelli's autobiographical memory piece, is exactly the vision of an embattled Europe you would expect from a man who gave *Romeo and Juliet* the 64-Crayola sparkle of an MGM musical. The Zeffirelli approach to history combines the time-marches-on urgency of an old Movietone newsreel with the sun-dappled sheen of an Italian Tourist Authority brochure, throwing in Cher as a rich Jewish art collector who sings "Smoke Gets in Your Eyes." Kitsch like this money can't buy.

If there were a true environmental recipe for How to Raise a Big Italian Opera Queen Designer-Director Who Reveres English-Speaking Nations and Badmouths Gay Rights, you could do no better then the nurturing offered Zeffirelli's young surrogate, Luca. An illegitimate child who is shrugged off by his father after his mother dies, he is taken in by his father's secretary, Mary (Joan Plowright), one of a phalanx of English dowagers (known by the locals as *scorpioni*) who have resettled in Florence in the 1930s.

There are the good *scorpioni* like Mary, who schools Luca in Shakespeare through toy theaters, and Arabella (Judi Dench), a would-be artist who touches up frescoes and exposes Luca to the galleries. There are the bad *scorpioni* like Lady Hester (Maggie Smith, dusting off her bitch mask), an ambassador's widow who defends Mussolini and dresses her son in drag. Adding brash Yankee color to the mix are a lesbian archaeologist (Lily Tomlin, swaggering about like some Mama Hemingway in jodhpurs and safari hat) and Cher as ▶



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PHILIPPE ANTONELLO



The art collector meets the archaeologist: Cher (left) chats it up with Tomlin.

a blowsy Peggy Guggenheim type who turns out to have more class in one toenail than all these gals put together.

It's a dream cast filled with major dish potential, but Tomlin and Dench are wasted. Save for Lady Hester's knee-jerk snobbery ("Why shouldn't Mussolini have an empire? All the best people in Europe have empires."), Zeffirelli and coscreenwriter John Mortimer can't give these *scorpioni* enough sting. And the director's throbbing sentimentality mushes out what's there.

This is epic storytelling at its most cloddish. There isn't an eye blink that isn't telegraphed miles in advance: You know Cher's new lover will do her wrong from the first close-up of his smarmy puss, and they bang the kettle drums moments before the Fascisti bust up everyone's party. Dates are trumpeted on the screen—"December 7, 1941! Japanese invade Pearl Harbor!"—to give us that frisson of great things happening. By the time Cher and Maggie Smith reenact the sort of kiss-and-make-up scene that Bette Davis and Miriam Hopkins did in their sleep, we expect this on-screen flash: "July 5, 1943! Franco Zeffirelli sees his first and last movie!"

There's a neat dadaistic eccentricity in the scene that inspires the title (in which Maggie Smith trots off to make nice with Il Duce), offering a fleeting suggestion of the picture that might have been. But this is only one chapter in Zeffirelli's memoirs. Maybe he'll get it right with *Elevenses With Idi Amin* or *Cappuccino With Quaddafi*. ■

Stuart is theater critic and senior film writer for Newsday.

Find more on this topic at www.advocate.com

film

Reel transsexuals

Sebastian Cole is the latest in Hollywood's spotty history of sex-change story lines **By Gregg Kilday**

A man in the process of morphing into a woman: The very notion sounds inherently dramatic. But while tabloid TV has been exploiting transsexualism for years—it sometimes seems every pre-op transsexual in America has appeared on one TV talk show or another—Hollywood movies have been much more reticent on the subject.

Both *The Christine Jorgensen Story* and *Myra Breckinridge* came out in 1970, but it wasn't until John Lithgow traded in shoulder pads for a Maidenform in his sympathetic performance as Roberta Muldoon in 1982's *The World According to Garp* that transsexualism went mainstream. That studio foray was followed by occasional independent films such as 1992's *The Crying Game*, in which Jaye Davidson's secret is that he's saving up for the operation, and 1994's *The Adventures of Priscilla, Queen of the Desert*, featuring Terence Stamp's own song of Bernadette. Fully realized female-to-male tales have been even fewer. Tilda Swinton blithely switched genders in 1993's *Orlando*, but her character was more a metaphoric transsexual than a clinical case, while Nebraska murder victim Brandon Teena—whose tragic true-life story will be told in the upcoming *Take It Like a Man*—never saw the inside of a sex-change clinic at all.

All of which makes it something of a surprise when, in the first reel of the new indie film *The Adventures of Sebastian Cole* (opening June 25), Hank, the teen hero's regular-guy stepfather, matter-of-factly announces to his family that he has decided to become a woman.

"I did have a close family friend who was a transsexual," explains Tod Williams, the autobiographical movie's writer and a first-time director, "and that was the real inspiration for the movie. I realized I had had almost no reaction. I was probably too self-obsessed back then to realize what was going on."

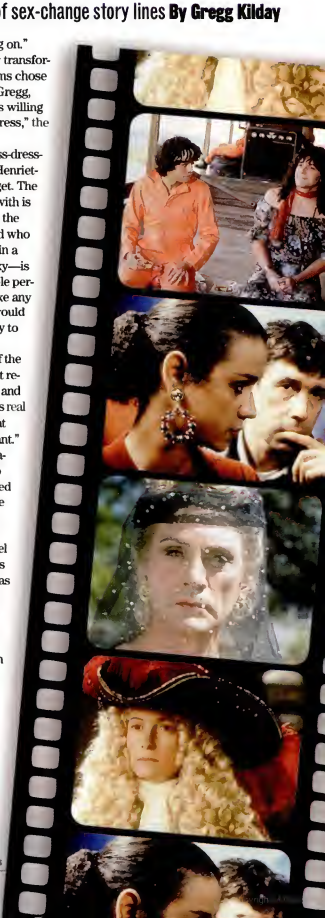
To portray Hank's low-key transformation into Henrietta, Williams chose New York stage actor Clark Gregg, "the first actor I saw who was willing to play the part and not the dress," the director says.

"I didn't want to play a cross-dressing male," Gregg says. "With Henrietta, what you see is what you get. The cool irony that Tod came up with is that the person who's making the most radical life choices—and who some people might consider, in a simplistic sense, the most flaky—is also the most solid, dependable person in Sebastian's life. I felt like any tremendous level of artifice would only impede Henrietta's ability to be a good parent."

Adds Williams: "The crux of the movie for me was defining that relationship [between Sebastian and Henrietta], finding out what was real about it and how the labels that are attached to it were irrelevant."

That confounding of easy labels is probably one reason so few transsexuals have appeared on film. In the year-end release *Flawless*, for example, Philip Seymour Hoffman stars as a drag queen, but as director Joel Schumacher explains, "Philip's character doesn't see himself as gay. He doesn't consider himself a man at all, but a woman trapped in a man's body. I know most people find that idea confusing, but I've known people like that, and for them, it's very real." ■

Kilday is a freelance entertainment reporter who contributes to Premiere *and* Los Angeles *magazines.*



From top: Adrian Grenier as Sebastian and Clark Gregg as Henrietta in *The Adventures of Sebastian Cole;* Jaye Davidson and Stephen Rea in *The Crying Game;* Terence Stamp in *Priscilla, Queen of the Desert;* Tilda Swinton in *Orlando*

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television

A festival in your living room

Sundance Channel's "She Said Cinema" offers a month's worth of lesbian filmmaking **By Anne Stockwell**

Treyf ■ Written and directed by Alisa Lebow and Cynthia Madansky
■ Sundance Channel's "She Said Cinema"
■ Premiering May 17 (check local listings)

Forget eBay and *Tomb Raider*. My favorite millennial rush is the Sundance Channel. Think of it! Suddenly you can flop in front of your TV and—*just by clicking your remote*—summon all the exotic films that used to screen only in decrepit theaters that had sticky floors and suspicious scurryings in the corners.

And now that you have this all-night art house in your living room, check out what's playing: All this month Sundance presents "She Said Cinema," a series of 27 features and 11 shorts by and about women. This smartly selected lineup—hosted by *Advocate* columnist B. Ruby Rich—offers many pleasures, starting with the chance to see films by international talents such as Liv Ullman, Gillian Armstrong, Jane Campion, Doris Dörrie, and Sally Potter.

What's more, "She Said Cinema" is up to its ears in lesbians. There's *Entre Nous* by director Diane Kurys, *When Night Is Falling* by Patricia Rozema, *Everything Relative* by Sharon Pollack, *Celestial Clockwork* by Fina Torres, *A Couch in New York* by Chantal Akerman, and the movie that put Anne Heche in the Sundance pantheon, Nicole Holofcener's *Walking and Talking*. And this is not to mention short films directed by Alex Sichel (*All Over Me*) and Lisa Cholodenko (*High Art*).

Sundance Channel is giving a big buildup to the two world premieres in its series: the feature *Me and Will*, a female *Easy Rider*, and *Treyf*, a 52-minute documentary set to debut May 17 (with repeat dates as well). Written and directed by life partners Alisa Lebow and Cynthia Madansky, *Treyf* is a deeply felt exploration of the balancing act involved in being both lesbian and Jewish. The film has a slow pace, but those who stick it out will be rewarded with moments of gratifying insight.

The Yiddish word *treyf* refers to food that is forbidden to observant Jews. (Lebow and Madansky intercut their on-camera sequences with frames from a memorably bloody old-time filmstrip on how to prepare kosher meat and poultry.) But a person can also be *treyf*, it turns out: different, not quite right, taboo—in this case, lesbian. Exploring what this label means in their own lives, Madansky and Lebow take us along as they visit various sites that symbolize their heritage. It's a trip to the spiritual attic, where they try on the traditions they were raised with, seeing which ones fit and which they've outgrown. ▶



CAROLINE BERIO





"She Said Cinema" offers the world premiere of *Treyf* (above) and classic lesbian cinema such as *When Night Is Falling* (left and below).

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MELIA PENN



Two straight women do *Thelma and Louise* on motorcycles in *Me and Will*, premiering in May.

Lebow, a great-looking androgyne with eyes as big as her leather jacket, makes a handsome contrast with Madansky, whose long, exotic locks frame a soulful face that's right at home in Jerusalem—where, we learn, she lived for a decade and where's she's always longed to return. The ancient city becomes the couple's first destination. But as they explore the Jerusalem Madansky once knew, the old connection fizzles. Faced with the militaristic atmosphere of Israel today, the lovers can't wait to get back to the States.

Nor does New York's lower east side turn out to be entirely homey. As they walk the streets, Lebow evokes romantic memories of their immigrant ancestors; Madansky retorts that their grandparents hightailed it out of the New York tenements and into the suburbs the minute they could.

Finally, the two filmmakers seek a reality check from their peers. They invite a big crowd of Jewish lesbians to a party and ask them to describe their own *tzujf* lives. It's a mystery why Lebow and Madansky didn't end with this sequence; it's by far the most engaging in the film.

After the interviews the women—what else?—*dance*. In the movie's best shot the camera loops and swirls as a powerful line of Nikes, Doc Martens, and biker boots pound the floor in an exuberant, whip-fast hora. In that moment you can feel Madansky and Lebow get what they're after. Together with their friends they define and celebrate their own tradition. Jewish or not, you'll want to throw back your head and join in. And since you'll be watching *Tzujf* in your own living room, what's stopping you? ■

Stockwell is the arts and media editor of The Advocate.

Find more on this topic at www.advocate.com

music

Normal sounds

Iceland's groove collective Gus Gus erases boundaries in both music and love **By Steven Gdula**

DEIDRE O'CALLAGHAN



The members of Gus Gus make themselves at home in the snow.

Listen to members of the Icelandic music group Gus Gus talk and you'll start to wonder whether Cole Porter's "Anything Goes" might be an appropriate national anthem for their homeland. Boundaries are blurred there, they say, labels less defined, inhibitions tossed aside. This is, after all, the nation that celebrates the summer solstice and the arrival of the midnight sun by rolling and frolicking in the dewy grass—nude.

"It's such a good way to party!" says Gus Gus songwriter and acoustic guitarist Siggi. For him, this is normal behavior.

Appropriately, the latest CD from Gus Gus—not just a band but a nine-person music, film, and performance art collective—is titled *This Is Normal*. "The word *normal* is used quite often in a critical sense," Siggi explains. "We think it's really important that people think twice before maybe using this word. We believe whatever feels right for you is normal."

Siggi is well aware of his Icelandic cultural advantage. "It's hard for me to compare the community I've been raised in to how it is to be [raised] in Washington or Germany," he admits. "There is a certain amount of freedom [in Iceland]. The population is like a small town, and because you are more or less dealing with the same people all your life, you get more intimate."

Perhaps this intimacy explains why many Icelanders think of themselves as neither straight nor gay. Siggi is one of three Gus Gus members whom Americans would identify as bisexual. But even that term causes a ripple in his affable demeanor. "We want nothing to do with categorizing," he insists.

Gus Gus's music also defies categorization—a mélange of beats, atmospherics, and grooves that isn't exactly techno, ambient, pop, or disco but borrows from all those and more. ▶

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"When I go into a record shop and I'm looking to see if they have our album, they ask, 'What type of music is it?'" Siggi says. "It's impossible to get it across to this guy who's working the shop."

This Is Normal, Gus Gus's second full-length release on 4AD/Warner Bros., visits some of the same soundscapes as its predecessor, *Polydistortion*, yet in many ways the new album is more direct, less experimental. Some might even argue that it's more "normal."

For its first release, Siggi says, the band "wanted to combine pop songs that are usually written on acoustic instruments" and play them in "the electronic environment." Three years later the band has found a groove all its own. "We got closer to each other and knew more about [our] abilities and personalities," he says. "We decided to concentrate on what the [songs'] stories were about. In doing that, they became more focused."

But not more predictable. *This Is Normal* brims with enough sonic twists, turns, and variations to keep you on your toes and on your feet. The groovy organ intro of "Ladyshave" gets funked up by a wicked trip-hop beat. "Starlovers" takes '80s aficionados back to the days of Yaz, while "Very Important People" sounds like an homage to house master Frankie Knuckles. Then there's the lush electroballad "Bambi" and the disorienting and beautiful "Blue Mug."

Whether the issue is sexuality or musical styles, the fluidity of Gus Gus washes away borderlines—and keeps music writers confused. "The strong tendency from journalists [is] to think that we're from outer space, or they seem to experience us as weirdos or maniacs," Siggi says, laughing in typically unflappable style.

Sexual freedom, creative liberation, and an ability to laugh at themselves? Is Gus Gus too good to be true? Says Siggi: "It is, actually, what we feel is normal." ■

Gdula is a freelance music writer based in Washington, D.C.

Find more on this topic at www.advocate.com

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music

ALMOND JOY, BLUE GENE

The import bins are an increasingly important resource for gay and lesbian music lovers looking for old and new favorite artists such as Marc Almond and Gene **By Barry Walters**

As major labels consolidate and shed their rosters of everyone but best-sellers and prestige acts, lesbian and gay music listeners—already a resourceful bunch—will need to become even more creative when tracking down something besides Cher and Melissa. The current pop explosion has done wonders for divas and homoerotic harmonizers, but there's more to gay taste than what fits into a size 3 evening gown or a 28-inch-waist pair of baggy-butt jeans.

As lead singer of Soft Cell, Marc Almond was a major face on the early-'80s synth-pop wave of ambiguous boys in frocks and leather harnesses. Even on the indefatigable "Tainted Love" (recently remixed by Club 69 to celebrate the long-awaited domestic CD release of the Soft Cell's clas- ▶





Open All Night
- Marc Almond
- Blue Star (import)

Revelations
- Gene
- Polydor (import)

The former Soft Cell mate in a melodramatic moment

BRENDA FERRELL



music

OH, YEAH!
TWO GIRLS TOGETHER

Why is it that alternative-rock boys are obsessed with alternative female sexuality? Are there more mosh-pit dykes at an Offspring show than at an Aerosmith gig? Is there some inherent connection between fuzzy lo-fi guitars and girl-on-girl fantasies?

This season's ogling novelty hit is the first single from the sound track to *Clubland*, a film about aspiring Los Angeles rockers based on a script written by Alanis Morissette producer Glen Ballard. Like much of the spotty rookie-dominated sound track, John Oszajca's "Bi-Sexual Chick" crassly combines loud guitars and hip-hop beats while delivering a Gen-X–targeted message of pseudo-edgy calculation, one that's already clicked at modern-rock radio.



"She always gets backstage, and that's all I'm gonna say," deadpans native Hawaiian Oszajca in his best Beck voice. "But I must admit that she's a pretty good lay." Is this what gay acceptance amounts to in 1999? Let's hope our chick kicks Oszajca's butt the next time he comes knocking with compliments like these.—*B.W.*

"Bi-Sexual Chick" ■ John Oszajca ■ From *Music From the Motion Picture Clubland* ■ Java/Capitol

sics), Almond was the personification of trash and drama—qualities that have characterized his ever-changing catalog for almost 20 years. Considering that the last time new Almond material hit American shores was in '91, you better not wait for his new U.K. album *Open All Night* to show up at Sam Goody.

This exotic and erotic trip-hop cabaret explores familiar Almond themes—nocturnal adventure, fatal attraction, and irrational faith in the power of love, or at least sex, but its subversive melodic surfaces make possible an even greater payoff of intimacy and danger. Violins dance across shuffling beats; accordions, harmonicas, and various organs suggest clandestine rendezvous on the wrong but ever-so-right side of the tracks. Duets with ex–Sneaker Pimp Kelli Dayton on "Almost Diamonds" and ex-Banshee Siouxsie Sioux on "Threat of Love" aren't the only highlights: The entire album feels like the sound track to the gutter opera Almond was destined to stage.

Gene is another Anglo act that's followed its own muse. For *Revelations*, rather than jumping on the electronica bandwagon, the group has dropped the lush orchestrations now in vogue to bang out traditional American rock. The first track, "As Good as It Gets," suggests Bruce Springsteen, while the last one, "You'll Never Walk Again," begins with the tortured tenderness of earlier triumphs, then builds to a nasty guitar crescendo.

Between these dubious bookends are plenty of forgettable songs amped up with tacky power chords and stridently sociological lyrics. The harder delivery trampled whatever subtlety is left of bisexual singer Martin Rossiter's poetry, and his new political observations aren't nearly as wise as his previous personal confessions. The bittersweet homo longings of "Olympian" and "We Could Be Kings" are gone, replaced by odes to new father Rossiter's "Little Child."

Halfway through the murk pops one terrific tune, "Something in the Water," which not coincidentally skips along like the Smiths' "This Charming Man," but the rest suggests the Goo Goo Dolls' bland bombast. Since Gene and its American record label have gone their separate ways, this sellout isn't exactly ingenious. ■

Walters is a pop-music critic for The Advocate.

Find more on this topic at www.advocate.com

books

Sexual healing

By Guy Kettelhack

If I ruled the universe, I would clone thousands of Stephen E. Goldstones, plant them worldwide in clinics, sex clubs, and shopping malls, and require every gay man to drop in for a consultation. His terrific new book, *The Ins and Outs of Gay Sex*, is one of several recent titles designed to give gay men easy access to health information that used to be shrouded in secrecy. Goldstone not only provides answers to a slew of questions about the sexual risks, practices, and behaviors that typically torture and befuddle gay men, but he also demonstrates a bedside (sometimes slingside) manner full of compassion and wit.

Goldstone's strictly sex manual makes an invaluable addition to the still too-short list of trustworthy texts on gay men's health. The book's 12 chapters and four appendices cover everything from nonvirally transmitted diseases, HIV (the book provides a superb cram course on the basics of AIDS), anal sex, and sexual dysfunction to the latest word on recreational drugs and choosing a doctor.

The medical information here is comprehensive and in other hands might have been bone-dry. But Goldstone's tone keeps even Latinate labels from being numbing. Expecting to glaze over at his discussions of, say, *Molluscum contagiosum* or *Condyloma acuminatum*, we encounter Goldstone's quick assertion that the first is "not a shellfish" but rather a poxlike sexually transmitted virus (accompanied by a line drawing of bumps on a thigh); we find the second is the fancy name for venereal warts (illustrated by little bumps on the penis shaft). We are also quickly reassured that neither constitutes a "grave prognosis" and are given a full complement of treatment options ranging from topical ointments to surgery. We're also, at nearly every turn, given real-life case histories—stories that don't feel slapped on but instead rise organically out of Goldstone's self-evidently wide-ranging experience.



The Ins and Outs of Gay Sex: A Medical Handbook for Men
■ Stephen E. Goldstone, MD ■ Dell ■ $12.95

Are You Ready? The Gay Man's Guide to Thriving at Midlife
■ Rik Isensee ■ Alyson ■ $13.95

Total Sex: Men's Fitness Magazine's Complete Guide to Everything Men Need to Know and Want to Know About Sex
■ *Men's Fitness* magazine with John and Beth Tomkiw ■ HarperPerennial ■ $21

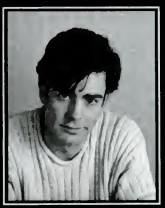
Goldstone gives us frequent reassurances about such must-read topics as penis size (six inches really is the average, "not," as Goldstone says, "a lie propagated by a bunch of under-equipped men") and about such largely manageable afflictions as herpes, scabies, and crabs. These passages balance out his discussion of physical risks and dangers, such as those most of us know we face when we indulge in fisting and "water sports." (You'll gain new respect for how complicated your external and internal sexual machinery is.) The basic deal is that Goldstone is as much a warm and funny guy as he is a clear and cogent medical expert. Buy this book.

Rik Isensee's *Are You Ready? The Gay Man's Guide to Thriving at Midlife* approaches sex (among many other issues) from a refreshing and long-overdue angle. Perhaps the best thing about his evenhanded overview of the gay male at midlife is that "thriving" has a central place in the title. It's not news to any of us that the gay media is intoxicated by youth, but it's also not news that baby boomers (who still constitute the greatest bulk of the population) aren't 21 anymore. As to sex, Isensee pretty much applies what we already know about getting older (we're balding and wrinkling, we don't usually stay up all night anymore, we have fewer ▶

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spontaneous erections, etc.) to the plight of the average gay man—always at least ruefully optimistic about the ways we can learn to let up on ourselves and retain a sense of humor about the wanings and waxings of our dicks and libidos. Midlife sex is depicted here as the kinder, gentler sort—not the thrilling, frightening adventure it remains (at 47) for me. Still, the reassurances of *Are You Ready?* will be appreciated by all of us, whether we're more priapic or less so. Isensee's general Jungian stance—most interestingly embodied in a chapter titled "Gay Men as Shaman/Tricksters"—is also welcome. We may be getting older, but we're still pretty hot.

As a coda to all this, it's a pleasure to report on "Alternative Nation," the final chapter of the glossy new (and otherwise mostly for hets) musing on the male libido *Total Sex: Men's Fitness Magazine's Complete Guide to Everything Men Need to Know and Want to Know About Sex.* It's great, first of all, that the book ends with thoughts on gay issues: One hopes the straight male reader won't simply slam the book shut at the sight.

There's a lot of good stuff crammed in here (including *The Advocate's* John Gallagher's terse rundown of essential gay issues—marriage, insurance, drugs, etc.). But since our topic is sex, let me leave you with a quote from one of the chapter's sidebars about 64 "straight" men who were "first questioned to determine their anxieties regarding homosexuality" in a recent study done at the University of Georgia. "The researchers then attached monitors to the participants' penises and showed them clips of straight and gay XXX movies. It turns out, the men who expressed the greatest homophobia showed the most arousal while watching men having sex with other men." I intend to photocopy this page and mail it to Jerry Falwell and Jesse Helms today. ■

Kettelhack is the author of many books, including Dancing Around the Volcano, Easing the Ache, *and* Vastly More Than That.

Find more on this topic at www.advocate.com



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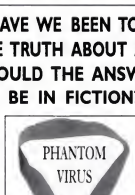
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1. **Just As I Am** by E. Lynn Harris (Anchor, $11.95)
2. **The New Joy of Gay Sex** by Dr. Charles Silverstein with Felice Picano (HarperPerennial, $22)
3. **Quickies: Short Short Fiction of Gay Male Desire** Edited by James C. Johnstone (Arsenal Pulp, $14.95)
4. **Maybe the Moon** by Armistead Maupin (HarperCollins, $13)
5. **28 Barbary Lane** by Armistead Maupin (HarperCollins, $32.50)

Women's titles

1. **Wedding Bell Blues** by Julia Watts (Naiad, $11.95)
2. **Empty Without You: The Intimate Letters of Eleanor Roosevelt and Lorena Hickok** Edited by Rodger Streitmatter (Free Press, $25)
3. **Hood** by Emma Donoghue (Alyson, $11.95)
4. **Hen's Teeth** by Manda Scott (Bantam, $5.50)
5. **Piece of My Heart** by Julia Watts (Naiad, $11.95)

General interest

1. **Damron Women's Traveller 98** (Publishers Distributing, $12.95)
2. **Ferrari Guides: Gay Travel A to Z—The World of Gay & Lesbian Travel Options at Your Fingertips (19th Edition)** Edited by Marianne Ferrari (Ferrari, $16)
3. **What the Bible Really Says About Homosexuality** by Daniel Helminiak (Alamo Square, $9.95)
4. **Outing Yourself: How to Come Out as Lesbian or Gay to Your Family, Friends, and Coworkers** by Michelangelo Signorile (Fireside, $11)
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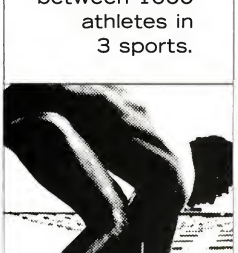
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book marks

Tales of the Lavender Menace: A Memoir of Liberation

■ By Karla Jay ■ Basic Books ■ $25

In a moving, highly personal sketch of her life, Karla Jay clears the record on the early years of radical feminism and gay liberation. Her recollections resist pining for the way things were, offering instead real insight into the fledgling women's liberation movement, whose lesbian contingent Betty Friedan dubbed "the lavender menace."

Jay moves from a painful childhood dominated by a mentally ill mother to membership among the early movement's principal players, with whom she marched in antiwar and civil rights protests. Her anecdotes and analyses of the radical feminist Redstockings, the Women's Liberation Movement, and the Gay Liberation Front are peppered with sexy queer coming-of-age stories, with no apologies for the frequently naive political tenor of the movement's early agenda.



The book's bittersweet tone reflects the dilemma of a young woman making the transition from Barnard to backstreet revolutionary. Of her attempt to make sense of drag queens at the time, she writes, "Real female heroines…were of no interest to them. Have you ever seen a drag version of Susan B. Anthony? Case closed…." About coming out on Tom Snyder's *Tomorrow Show* in 1976, she recalls, "The following day, [my mother] checked into a mental hospital." And she calls Rita Mae Brown "our Jay Gatsby," remarking that Brown has reinvented her politics and, indeed, her personal history over the years. Beyond the usual history lessons (Jay takes us to the Columbia student uprising of 1968 and, a year later, to the Stonewall riots), we're afforded a real sense of the glamour and danger of being a radical in the late 1960s. Reflective and waggish, this oddly invigorating memoir provides perspective alongside lessons in life, love, and coming to terms with being queer. —*Robert L. Pela*

Lovesick: Modernist Plays of Same-Sex Love, 1894–1925

■ Edited by Laurence Senelick
■ Routledge ■ $23.99



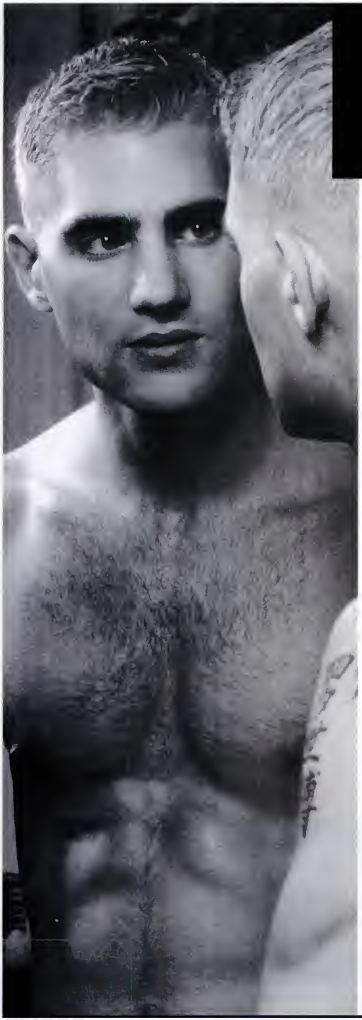
Before there was Craig Lucas or Paula Vogel, there were these politically incorrect, nonjudgmental, enormously queer dramas. Theater critic and historian Laurence Senelick has collected six modernist-period plays—hailing from Britain, the United States, Germany, France, and Russia and dealing with everything from pedophilia to gay blackmail—that helped pave the way for and define contemporary homosexual theater. Each script is fortified with reviews, behind-the-scenes details, and notes on the shows' original productions. Besides the history of queer drama, this priceless primer provides an entertaining and enlightening look at the lost vernacular and sordid situations of our queer past. —*R.L.P.*

Lena

■ By Jacqueline Woodson
■ Delacorte ■ $15.95

This thought-provoking, realistic drama continues the story Jacqueline Woodson began in her Coretta Scott King Award–winning *I Hadn't Meant to Tell You This*. Thirteen-year-old Lena, who appears in that book, is featured here: She and her younger sister have left home—disguised as boys—to escape their father's sexual abuse, and the story that unfolds manages to find something new to say about the plight of runaway kids. Lena's relationship with her sister and her crush on best pal Marie ring true, as do the stories she tells herself in times of despair. Aimed at young readers, this memorable and wise story touches universal bases with smashing success. —*R.L.P.*





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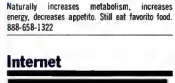
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A Bush in the hand...



The talk around the dinner table had turned to politics, and the Texans surprised the group by proclaiming their support for the likely presidential candidacy of George W. Bush. The New Yorkers were predictably aghast. How, they shouted, can you support anyone allied with the party of Trent Lott and Dick Armey, to say nothing of Pat Buchanan and Gary Bauer? Normally, a rising decibel level makes me turn away from a discussion, but the fact that I stayed with it made me realize that the question "Whither Bush?" was one I am suddenly curious to sort out.

Like many people, I have a rough sense of why a Bush presidency would be harmful to gay men and lesbians. We suspect that his background of prep-school privilege is incompatible with the politics of inclusion. We fear that his policies will echo those of his CIA-steeped, Gulf War–mongering father. Most of all we sense that in a Bush administration our interests would be sacrificed to the Texas governor's play-to-both-sides politics.

I don't buy the first line of thinking. Al Gore, the likely Democratic candidate, is also the product of elite schooling, and we don't disqualify him for that reason alone. As for the second suspicion, I worry less that the governor will reproduce his father's ideas than that he will mimic those of his "We like to go rich" mother. (On the other hand, in a George W. Bush White House, Barbara Bush, who in her husband's time looked more like the president's mother than his wife, will at least be the materfamilias.)

The third objection is harder to dismiss. On gay issues Governor Bush is indeed the Emperor of Equivocation. Although he has refused to comment specifically on the still-bottled-up ambassadorial nomination of James Hormel, Bush believes no one should be disqualified from a presidential appointment because he or she is gay. But he also thinks that we should not be foster or adoptive parents and that sexual orientation should not be a category covered by hate-crimes legislation.

REUTERS



Texas governor George W. Bush

Given the number of gay men and lesbians who have proved eminently able to give needy children good homes, Bush's family policies strike me as cockeyed, and his opposition to hate-crimes reform, which might be rational if he on principle opposed all such legislation, is also troubling. But are these regrettable views enough for us to shoot down his candidacy before it has been officially announced?

Not, as my Texas friends argue, if you believe economic issues are at the heart of social change and that Bush's fiscal philosophy is the way to ensure the prosperity that makes progress for minorities easier. And not, the Texans would further contend, if you want a president who respects us rather than takes us for granted. Bush, they and the governor's longtime gay friends insist, is absolutely comfortable working with gay men and lesbians—as long, of course, as they share his general political agenda.

If these arguments strike you as too paltry for supporting a Bush candidacy, then you will undoubtedly get behind Al Gore, who has—no question—been a consistent friend to gay causes. But if you are concerned that the vice president's meager charisma quotient makes him unlikely to win a general election and that our failure to support Bush will mean being shut out of his administration, then you might want to wait before dismissing the Texan.

Lest you think I am engaging in Bushlike equivocation, let me say that if I found myself, come November 2000, voting for the Texas governor, I would not be surprised. On the other hand, there is still so much to be revealed about him once the national press takes off its gloves that a year from now I could be as adamantly against him as my PC New York friends are. Maybe gay people are finding themselves in a Bush-friendly mood because of our disgust with the current president and anyone associated with him. Whatever the feeling's cause, however, it should be a little worrisome to the vice president and his advisers. *Bush* and *Gore* may both be four-letter words, but for many of us right now, *Bush* is not necessarily the more offensive of them. ■

If I found myself, come November 2000, voting for Texas governor George W. Bush, I would not be surprised.


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